11600164651

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200289543922

08/29/16--01031--017 **130.00

AS AND SO PH 7: 53

COVER LETTER

	Registration S Division of Co						
SUBJEC	FP DESIG	N					
SUBJEC	-1:	Name of I	Limited Liabili	ty Company			
The encl	osed Articles of	Organization and fee(s)	are submitted	for filing.			
Please re	turn all corresp	ondence concerning this	matter to the f	ollowing:			
	Favio Perez						
	<u></u>		Name of	Person			
	FP Design						
			Firm/Co	mpany			
	16401 SW 2	232 Street					
			Addr	ess		16	Ž.S
	Miami, Fl. 3	33170				ÀUG;	- (m)
	fpglandscape	s@gmail.com	City/State an	d Zip Code		79 P	
		E-mail address: (to be us	sed for future a	nnual report notific	cation)	7.7	.791
For furthe	r information co	oncerning this matter, ple	ease call:			53	
	favio perez	at (305	778-7136			•
	Nan	ne of Person	Area Code	Daytime Teleph	one Number		
Enclosed	d is a check for	the following amount:					
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	└──lCertifi	00 Filing Fee & ed Copy al copy is enclosed	\$160.00 Filing Certificate of Certified Copy (additional copy	Status &	ed)
	New I Divis P.O. I	ng Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations enter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FP Design, LLC				
(Must er	id with the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stree	t address of the principal o	office of the Limited I	iability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
16401 SW 232 Str	eet	16401	SW 232 Street	
Miami, Fl. 33170		Miam	i, Fl. 33170	
he Limited Liability Compa	ny cannot serve as its own	& Registered Agent	's Signature:	lual or
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration	& Registered Agent Registered Agent. Y	's Signature:	lual or
he Limited Liability Compa	ny cannot serve as its own n active Florida registration et address of the registered	& Registered Agent Registered Agent. Y	's Signature:	ä
The Limited Liability Companother business entity with a	ny cannot serve as its own n active Florida registration	& Registered Agent Registered Agent. Y	's Signature:	10 2000
The Limited Liability Companother business entity with a	ny cannot serve as its own n active Florida registration et address of the registered Favio Perez	& Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature:	lual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own nactive Florida registration et address of the registered Favio Perez 16401 SW 232 Stree	& Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature: ou must designate an individ	10 200
The Limited Liability Compa nother business entity with a	ny cannot serve as its own nactive Florida registration et address of the registered Favio Perez 16401 SW 232 Stree	& Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature: ou must designate an individ	10 200 23 FB
The Limited Liability Companother business entity with a	ny cannot serve as its own nactive Florida registration et address of the registered Favio Perez 16401 SW 232 Stree	& Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature: ou must designate an individ	10 200

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

	T) 7	TT/	4	T.	T T 7
А	RI	TI (н.	I V -

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member		
"MGR" = Manager		
PRES	Favio Perez	
TRES	16401 SW 232 Street	
	Miami, Fl. 33170	
	1711ami, 11, 55170	
VP	Favio Perez	
	16401 SW 232 Street	
	Miami, Fl. 33170	
SECT	Favio Perez	
	16401 SW 232 Street	<u>.</u>
	Miami, Fl. 33170	
	-	
(Use attachment if necessary)		
TRINK TROOP IN THE COURT OF A 1	(ADTIONAL)	
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to comment the applicable statutory filing requirements, this date without of State's records.	
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departme	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date wi	
ective date is listed, the date must be of filing.) The date inserted in this block does no	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date wi	
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date wi	
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departme. E VI: Other provisions, if any.	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date wi	
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to do to meet the applicable statutory filing requirements, this date with ent of State's records.	
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to out meet the applicable statutory filing requirements, this date with ent of State's records. The property of an authorized representative of a member.	!! not b
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exp	ot meet the applicable statutory filing requirements, this date with ent of State's records. The member of an authorized representative of a member. Sound in accordance with section 605.0203 (1) (b), Florida State	II not b
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert I am aware that any face.	ot meet the applicable statutory filing requirements, this date with ent of State's records. The member of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of State in the section of State in the sect	II not b
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert I am aware that any face.	ot meet the applicable statutory filing requirements, this date with ent of State's records. The member of an authorized representative of a member. Sound in accordance with section 605.0203 (1) (b), Florida State	II not b
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explicated and aware that any facconstitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitute of the signature of a	ot meet the applicable statutory filing requirements, this date with ent of State's records. The member of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of State in the section of State in the sect	II not b
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert I am aware that any face.	ot meet the applicable statutory filing requirements, this date with ent of State's records. The member of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of State in the section of State in the sect	ll not b
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explication of the provisions of the provis	prember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	utes.
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explicated and aware that any facconstitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitutes a third degree of the signature of a constitute of the signature of a	prember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	utes.
rective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exolar am aware that any faconstitutes a third degree Favio Perez	prember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of Seree felony as provided for in s.817.155, F.S. Typed or printed name of signee	utes.
rective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exolar am aware that any faconstitutes a third degree Favio Perez	per the applicable statutory filing requirements, this date with the statutory filing requirements, the statutory filing requirements of the statutory filing requirements, the statutory filing requirements of the statutory filing require	utes.
rective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explicated any factoristic at third degree for Articles of Constitutes	prember or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of Serve felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	Il not b utes. State
rective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explicated and aware that any faconstitutes a third degree Favio Perez \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optional)	prember or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of Serve felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	Il not b utes. State
rective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is explicated and aware that any faconstitutes a third degree Favio Perez \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optional)	prember or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of Serve felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	Il not b utes. State 16 AUG 29 PH
sective date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exo I am aware that any fa constitutes a third deg Favio Perez \$125.00 Filing Fee for Articles of 6 \$ 30.00 Certified Copy (Optional)	prember or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida State also information submitted in a document to the Department of Serve felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	utes.