

L17000085967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

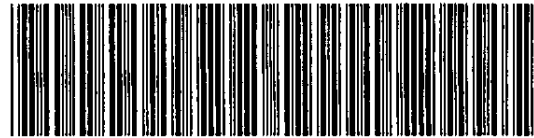
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03/27/17--01037--022 \*\*125.00

4.4/12/17

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** F & M EXPRESS SOLUTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN FUENMAYOR

\_\_\_\_\_  
Name of Person

N/A

\_\_\_\_\_  
Firm/Company

12850 WEST STATE ROAD 84 #lot 12-12

\_\_\_\_\_  
Address

DAVIE FLORIDA 33325

\_\_\_\_\_  
City/State and Zip Code

edwin\_arg2002@yahoo.es

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin	786	537-4070
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2017

EDWIN FUENMAYOR  
12850 WEST STATE ROAD 84 #LOT 12-12  
DAVIE, FL 33325

SUBJECT: F & M EXPRESS SOLUTIONS LLC  
Ref. Number: W17000026757

We have received your document for F & M EXPRESS SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE III. List the Registered Agents name and Address.

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 817A00005982

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F & M EXPRESS SOLUTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

12850 W STATE ROAD 84 #LOT 12-12  
DAVIE, FLORIDA 33325

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

EDWIN FUENMAYOR

Name

12850 WEST STATE ROAD 84 #LOT 12-12#

Florida street address (P.O. Box **NOT** acceptable)

DAVIE

FLORIDA

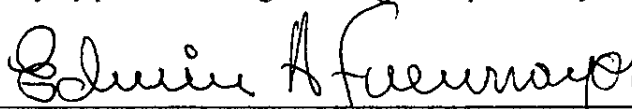
33325

City

State

Zip

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

EDWIN ANTONIO FUENMAYOR ARGUELLO

12850 WEST STATE RD 84 #LOT 12-12

DAVID, FL 33325

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/21/2016. (OPTIONAL)

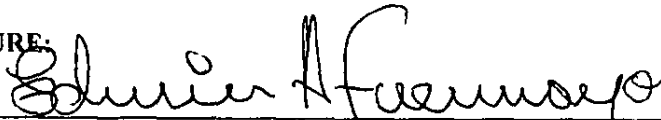
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

NONE

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member  
This document is executed in accordance with section 605.0203 (1) (b) Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

EDWIN ANTONIO FUENMAYOR ARGUELLO

Typed or printed name of signee

77 APR 18 AM 11:02  
SECRET  
DEPT OF STATE  
TALLAHASSEE FLORIDA

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)