

L17000166205

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000204121 3)))



H170002041213ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
FAMBET1, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

17 AUG 13 PM 3:57

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 AUG -3 PM 3:14

Electronic Filing Menu

Corporate Filing Menu

Help

J. FASON

AUG 04 2017

H17000204121

Articles of Organization
For
Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

FAMBET1, LLC, a Florida Limited Liability Company

Article II

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

220 NW 137th Avenue
Miami, FL 33182

The mailing address of the Limited Liability Company is:

220 NW 137th Avenue
Miami, FL 33182

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article III

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

ADOLFO BETANCOURT
220 NW 137th Avenue
Miami, FL 33182

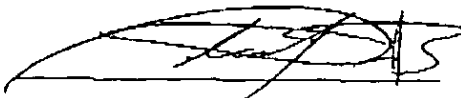
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as register agent and agree to act in this capacity. I further agree to company with the provisions of all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

17 AUG -3 PM 8:14
TALLAHASSEE, FLORIDA

H17000204121

H17000204121

Registered Agent Signature:



Print Name of Registered Agent:

Adolfo Betancourt**Article IV**

The name and address of person(s) authorized to manage the LLC:

Adolfo R. Betancourt, MMBR
220 NW 137th Avenue
Miami, FL 33182

Gloria Betancourt, MBR
220 NW 137th Avenue
Miami, FL 33182

Jennifer Betancourt, MBR
220 NW 137th Avenue
Miami, FL 33182

Signature of member or an authorized representative

In accordance with section 605.0203(1)(h), Florida Statutes, the execution of this document constitutes affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of Authorized representative:



Print name of Authorized representative:

Adolfo Betancourt

H17000204121