#### 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.

(((H17000292854 3)))



H170002928543ABC5

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 : PYLE & DELLINGER, PL.

Account Number : 120000000053 Phone : (386)615-9007 Fax Number : (386)676-2615

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

Email Address: Cristing larsin@qmail.com

#### FLORIDA LIMITED LIABILITY CO.

Fala Mais, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RICO

RICO

NÓV U 6 2017

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000292854 3)))

# ARTICLES OF ORGANIZATION OF FALA MAIS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

#### ARTICLE I

The name of the Limited Liability Company is FALA MAIS, LLC.

#### ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 1214 Hampstead Lane, Ormond Beach, FL 32174.

### ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is **Cristine Larson** and the Florida street address of the registered agent is **1214 Hampstead Lane, Ormond Beach, FL 32174**...

## ARTICLE IV MANAGEMENT

The Company is managed by a Manager. The person initially appointed as Manager is Cristine Larson.

Cristine Larson

#### STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of November, 2017, by **Cristine Larson**, who □ is personally known to me, or □ presented a Florida drivers license or □ \_\_\_\_\_\_\_, as Identification.

**Notary Public** 

Michael A. Pyle

(Printed Name)

My Commission Expires:

(((H17000292854 3)))

#545 P.003/003

From:

(((H17000292854 3)))

#### **ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.

Cristine Larson, Registered Agent