

# L18000147342

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JUN 18 2018



000314459010

RECEIVED  
18 JUN 15 AM 10:40

FILED  
18 JUN 15 AM 9:15  
FALLS CHURCH, VA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 6/15/18

**NAME:** FEC FAMILY LLC

**TYPE OF FILING:** ARTICLES

**COST:** 125.00

**RETURN:** PLAIN COPY PLEASE

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*AttHodge*

---

FILED  
18 JUN 15 AM 9:15  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

FEC FAMILY LLC

**ARTICLE II      ADDRESS**

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

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

**ARTICLE III      REGISTERED AGENT**

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

BP TAX ADVISORY LLC

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

*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.*

X

  
BRUNO PEIXOTO / Registered Agent's signature

FILED  
18 JUN 15 AM 9:15  
CLERK OF COURT  
MIAMI

**ARTICLE IV      AUTHORIZED PERSON(S)**

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

**AUTHORIZED MEMBER**

FLAVIO TELLECHEA CAIROLI  
31 SE 6TH STREET #1407  
MIAMI, FLORIDA 33131

**AUTHORIZED MEMBER**

ETIENNE BORGES LANDEIRA ARRUDA  
31 SE 6TH STREET #1407  
MIAMI, FLORIDA 33131

FILED  
18 JUN 15 AM 9:15  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

X 

FLAVIO TELLECHEA CAIROLI / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*