

L190000096377

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.

((H19000121549 3))



H190001215493ABC%

**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 : TAXLEAF.COM INC  
Account Number : 120140000094  
Phone : (205)541-3980  
Fax Number : (888)772-8106

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR 12 PM 12:35

**\*\*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.  
FECAMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

C RICO  
APR 12 2019

2019-04-12 PM 12:52

Electronic Filing Menu

Corporate Filing Menu

Help

**H19000121549 3****COVER LETTER****TO: New Filing Section  
Division of Corporations****SUBJECT: FECAMA LLC**\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MOSES NAE

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

ACCOUNTANT &amp; MANAGEMENT INC

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

1549 NE 125RD ST

\_\_\_\_\_  
Address

NORTH MIAMI, FL 33161

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

INCORPORATIONS@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

305

541-3980

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person\_\_\_\_\_  
Area Code\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒\$130.00 Filing Fee &  
Certificate of Status☐\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**H19000121549 3**

**H19000121549 3****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

FECAMA 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:3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065Mailing Address:3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065**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:

ACCOUNTANT & MANAGEMENT INC

Name

1549 NE 123RD STFlorida street address (P.O. Box NOT acceptable)NORTH MIAMI

City

FL

State

33161

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 I 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)

19 APR 12 PM 12:35  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**H19000121549 3**

**H19000121549 3****ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

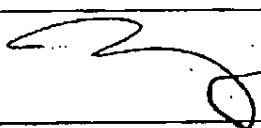
"MGR" = Manager

AMBR**Name and Address:**TERESITA MARIA TESTONI3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33065AMBRNORBERTO JAVIER CASTANOS ROQUE3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33065AMBRMATIAS CASTANOS3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33065AMBRJUAN CRUZ CASTANOS3111 N UNIVERSITY DR STE 105CORAL SPRINGS, FL 33065

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.**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.TERESITA MARIA TESTONI

Typed or printed name of signee

**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)

**H19000121549 3**

Scanned with CamScanner

**H19000121549 3****attachment****ARTICLE IV-**

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

**Title:**

"AMBR" -- Authorized Member

"MGR" - Manager

AMBR

**Name and Address:**

CONSTANZA CASTANOS TESTONI

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

AMBR

AGUSTINA CASTANOS

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

AMBR

MARIA CASTANOS

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

AMBR

SOFIA CASTANOS

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065