

U9000196097

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.

((H19000236685 3)))



H190002366853ABC7

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 : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

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

Email Address: tfaries01@gmail.com

**FLORIDA LIMITED LIABILITY CO.
FARIES & FARIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG -8 AM 8:27

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

FAN: H19000236685 3

**ARTICLES OF ORGANIZATION
OF
FARIES & FARIES, LLC**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is Faries & Faries, LLC (the "Company").

ARTICLE II - ADDRESS

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

500 South Ocean Blvd.
Manalapan, FL 33462

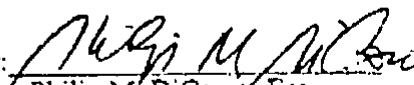
ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A.
660 U.S. Highway One - Third Floor
North Palm Beach, FL 33408

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.

Haile Shaw & Pfaffenberger, P.A.

By: 
Philip M. DiComo, Esq.

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG -8 AM 8:27

FILED

FAN: H19000236685 3

FAN: H19000236685 3

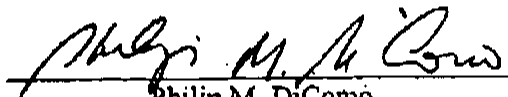
ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

<u>Title</u>	<u>Name and Address</u>
Manager	Susan Faries 500 South Ocean Blvd. Manalapan, FL 33462
Manager	Tom Faries 500 South Ocean Blvd. Manalapan, FL 33462

Dated: August 8, 2019

REQUIRED SIGNATURE


Philip M. DiComo
Authorized Representative

(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.)