

From: Robert Fanjul  
10/15/2019

Fax: 18775036086

To:

Fax: (850) 617-6381  
Division of Corporations

Page: 1 of 3

10/17/2019 11:20 AM

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC  
Account Number : 1201900000000  
Phone : (305)603-8791  
Fax Number : (877)503-6086

19 OCT 17 PM 3:03  
MAIL ROOM  
FAX UNIT

\*\*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. TIRRENI SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIRRENI SERVICES 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:

9601 SW 142 AVE APT 1111  
MIAMI, FL 33186

Mailing Address:

9601 SW 142 AVE APT 1111  
MIAMI, FL 33186

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:

ELYSSA CASTRO SORRENTINO

Name

9601 SW 142 AVE APT 1111

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33186

City

State

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..*

Elyssa Castro S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 OCT 17 PM 3:03  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ELYSSA CASTRO SORRENTINO

9601 SW 142 AVE APT 1111

MIAMI, FL 33186

MGR

LILIANA SORRENTINO VASQUEZ

9601 SW 142 AVE APT 1111

MIAMI, FL 33186

MGR

KAMILA CASTRO SORRENTINO

9601 SW 142 AVE APT 1111

MIAMI, FL 33186

(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:**Elyssa Castro S.

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.

ELYSSA CASTRO SORRENTINO

Typed or printed name of signer

**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)

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COURT  
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