# U90007111945

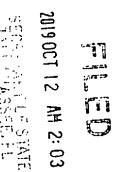
	Requestor's Name)		
	(Address)		
(	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(	(Business Entity Name)		
(	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			





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# COVERLETTER

	ew Filing Section ivision of Corporations			
SUBJECT	FAMBAM INVESTMENTS			
SUBJECT	Name of Limited Liability Company			
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the f	following:	
	YVONNE WILLIAMS			
		Name of	Person	
	FAMBAM INVESTMENTS			
		Firm/Co	mpany	
	1821 SW 148TH WAY			
	· · · · · · · · · · · · · · · · · · ·	Addr	ess	
	MIRAMAR, FL 33027			
	PANDANINB/PETAIRNITE@CALAL	City/State an	d Zip Code	
-	FAMBAMINVESTMENTS@GMAII E-mail address: (to be us		nnual report notification)	
For further in	nformation concerning this matter, plea	ase call:		
	YVONNE WILLIAMS	954	668-7379	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
<b>√</b> \$125.00 Fi	_	└──Certiti	\$160.00 Filing Fee. ed Copy al copy is enclosed)  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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FAMBAM INVESTMENTS LLC. (Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
II - Address:	
g address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1821 SW 148TH WAY	1821 SW 148TH WAY
MIRMAR, FL 33027	MIRAMAR, FL 33027
minimum, respect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

Name

1821 SW 148TH WAY

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

MIRAMAR FL 33027

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 OCT 12 AM 2: 03

## ARTICLE IV-

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

	OVONNE WILLIAMS
MGR	WANTE WILL LANG
	VONNE WILLIAMS
_	821 SW 148TH WAY
<u> </u>	MRAMAR, FL 33027
MCD	ANEICE TOVLOY
	ANEICE TOYLOY 821 SW 148TH WAY
_	AIRMAR, FL 33027
<u>1'</u>	MIKMAK, 1 L 53027
MGR L	ESLIE ANN BANKS
	7693 SW 32ND ST
	MIRMAR, FL 33029
<del>-</del>	<del> </del>
MGR L	BRIAN BANKS
	7693 SW 32ND ST
<u> </u>	HRMAR, FL 33029
he date of filing.)	annot be more than five business days prior to or 90 days after licable statutory filing requirements, this date will not be listed as cords.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in according to the second and according to the second and the second according to the second accord	authorized representative of a member. dance with section 605.0203 (1) (b), Florida Statutes. I submitted in a document to the Department of State
constitutes a third degree felony as p	provided for in s.817.155, F.S.

# 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)

### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	NIKOLAS TOYLOY
	7121 GRANADA BLVD
	MIRAMAR, FL 33023
MGR	TEDRA ROPER
	3517 SW 169TH TERRACE
	MIRAMAR, FL 33027
<u>MGR</u>	DIIJON LYN SHUE
	19341 SW 39TH CT
	MIRAMAR, FL 33029
	· · · · · · · · · · · · · · · · · · ·
te of filing.) If the date inserted in this block do- becoment's effective date on the Depa CLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be listed returnent of State's records.
REOUIRED SIGNATURE:	
RESOURCE STORY	(47/1)
	77 // //
This document is I am aware that a	of a member or an authorized representative of a member, sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State did degree felony as provided for in s.817.155, F.S.
	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)