

20000019038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

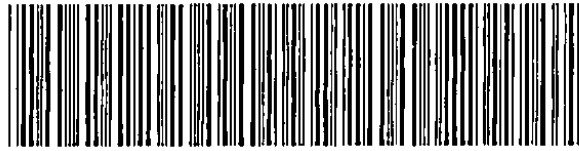
(Business Entity Name)

(Document Number)

opies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

structions to Filing Officer:

Office Use Only



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01/24/20--01004--017 \*\*130.00

20 JAN 23 PM 5:00

2020 JAN 23 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JAN 24 2020

Drumblay

# FAL CONNECTION, INC.

ia Street, Suite 1 • Tallahassee, Florida 32301  
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LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

BA \_\_\_\_\_ 01/23/20 \_\_\_\_\_  
Date Time

Will Pick Up \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ATMIFUNE LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOHANA GIRALDO  
Name of Person

ABITOS PLLC  
Firm/Company

9130 S DADELAND BLVD STE 1509  
Address

MIAMI FL, 33156  
City/State and Zip Code

JGIRALDO@ABITOS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANA GIRALDO      305      6701991  
Name of Person      at (      )      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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LE I - Name:

Name of the Limited Liability Company is:

ATMIFUNE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

LE II - Address:

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

Principal Office Address:

Mailing Address:

9130 S DADELAND BLVD SUITE 1509  
MIAMI FL. 33156

9130 S DADELAND BLVD SUITE 1509  
MIAMI FL. 33156

LE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

GUZMAN & GUZMAN P.A.

Name

9130 S DADELAND BLVD SUITE 1509

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

<u>MIAMI</u>	<u>FL</u>	<u>33156</u>
City	State	Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I understand and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

PABLO ADRIAN RODRIGUEZ  
9130 S DADELAND BLVD STE 1509  
MIAMI FL, 33156

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

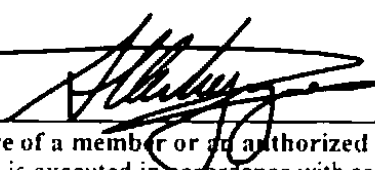
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
in effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.

ALBERTO GUZMAN  
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)