

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

\*\*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. DIAMOND MARINE SERVICE FABRIC LLC

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

J. FASON

AUG 1 7 2020

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Corporate Filing Menu

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Mailing Address:

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### DIAMOND MARINE SERVICE FABRIC LLC

Principal Office Address:

(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:

	<del></del>
1852 NW 21ST STREET	1852 NW 21ST STREET
MIAMI, FL 33142	MIAMI, FL 33142

#### 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:

	Name	
1852 NW 21ST S	STREET	
Florida street ade	dress (P.O. Box <u>NOT</u> ac	ceptable)
міамі	FL	33142
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..

> Χ Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

To:

S 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" = Authori "MGR" = Manager	zed Member			
Ũ		LASTANO SERVANO		
<u>AMBR</u>		LAZARO SERRANO 1852 NW 21ST STREET		
		MIAMI. FL 33142	<del></del>	<del></del>
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