

LA 000032523

Florida Department of State  
Division of Corporations  
Annual 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.

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

From: Account Name : TAX CARE DORAL  
Account Number : I20190000008  
Phone : (786)845-8854  
Fax Number : (321)473-3052

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

Email Address: Jessica.Hertz@taxcareinc.com

FLORIDA LIMITED LIABILITY CO.  
PANDAFURY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

OCT 29 2020

T. SCOTT

2020 OCT 28 PM 4:12

2020 OCT 28 AM 9:24

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**COVER LETTER**

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

**SUBJECT:** PANDAFURY 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:

JESSICA TORRES

Name of Person

TAX CARE DORAL

Firm/Company

1400 NW 107TH AVE STE 203

Address

SWEETWATER, FL 33172

City/State and Zip Code

jessica.torres@taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA TORRES at 786 845-8854  
Name of Person Area Code 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PANDAFURY 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:

Mailing Address:

1111 LINCOLN ROAD STE 500  
MIAMI BEACH FL 33139

1111 LINCOLN ROAD STE 500  
MIAMI BEACH FL 33139

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:

TAX CARE DORAL

Name

1400 NW 107TH AVE STE 203

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

SWEETWATER      FL      33172

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..*

*gHalem*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 OCT 28 AM 9:25  
STATE  
OF 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

**Name and Address:**

MANAGER

LILLIE PENA  
1111 LINCOLN ROAD STE 500  
MIAMI BEACH FL 33139

MANAGER

GABRIEL E HATEM  
1111 LINCOLN ROAD STE 500  
MIAMI BEACH FL 33139

MEMBER

MWD ENTERPRISES LLC  
1400 NW 107TH AVE STE 203  
SWEETWATER FL 33172

(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:**

*G. Hatem*

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.

GABRIEL E. HATEM

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)