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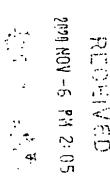
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/6/2020	**W ₁	a <i>LK I</i> N⇔
ENTITY NAME F Invest	Holdings, LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
<u>.</u>	Certificate of Status	_
PL	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	ON	
NUMBER OF CERTIFICATI	ES REQUESTED	
TOTAL OWED \$125.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so much!	/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
F Invest Holdings, LL	C					
(Must contain	n the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	dress of the principal of	office of the L	imited Liability Company is:			
Principal Office Address:			Mailing Address:			
1300 Brickell Avenue Mlami, FL 33131			1300 Brickell Avenue Mtamt, FL 33131			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its owi	n Registered A	d Agent's Signature: gent. You must designate an individual or			
The name and the Florida street ac	ddress of the registere	d agent are:				
	InCorp Services, inc.					
Name						
17888 67th Court North						
	Florida street addre		iOT acceptable)			
	Loxahatchee	FL.	33470			
	City	State	Zip			
place designated in this certificate, I further agree to comply with the pro	hereby accept the app visions of all statutes i gations of my position	pointment as re relating to the p as registered o	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Domintor Potens, Assistant Secretary			
	Pagia	tarad Apartic	Signature (REQUIRED)			
	Regis	tered Agent s	Signature (REQUIRED)			
		(CONTINI	UED)			

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company. Name and Address: "AMBR" = Authorized Member "MGR" = Manager Edgardo Defortuna AMBR 1300 Brickell Avenue Miami, FL 33131 (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:

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.

Ed Tsuji, Authorized Representative

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)