

L20000366682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

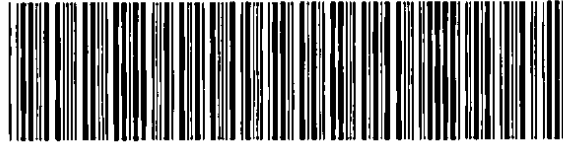
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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TALLAHASSEE, FL

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**CORPORATE
ACCESS,
INC.**

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PICK UP: 12/02/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
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- xx** **FILING** LLC

1. **FLORIDA BUSINESS MANAGEMENT, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

2020 DEC -2 PM 2:00

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:
FLORIDA BUSINESS MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

2525 SW 3 AVE #1109

MIAMI, FL 33129

Mailing Address:

2525 SW 3 AVE #1109

MIAMI, FL 33129

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


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

HECTOR RICARDO CAIF

2525 SW 3 AVE #1109

MIAMI, FL 33129

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

(CONTINUED)

ARTICLE IV- Members/Managers

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

AMBR

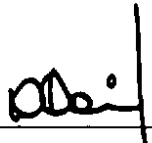
**HECTOR RICARDO CAIF
2525 SW 3 AVE #1109
MIAMI, FL 33129**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is January 1, 2021.

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2020 DEC -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL

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.

HECTOR RICARDO CAIF

Typed or printed name of signee