From: Yanet Avila

Division of Corporations Electronic 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.

(((H200004412613)))



H200004412613ABCU

To:	•		
10.	Division of C	ornorations	•
		: (850)617-6381	
from:			444
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	•
	Account Numbe	r : 120000000146	••
	Phone	: (305)444-4994	
	Fax Number	: (305)444-4977	
		ess for this business entity to be used for f	

FLORIDA LIMITED LIABILITY CO. FAMILY ENERGY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

34 6/20

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FAMILY ENERGY LLC		
(Must contain the words "Limited Liab	ility 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:	
8180 NW 36th ST		_
STE 409B	SAME	
DORAL, FL 33166		_
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	egistered Agent's Signature: pistered Agent. You must designate on individual or	7
The name and the Florida street address of the registered age	ent are:	برج
A & C ASSOCIATES GI	ROUP, INC.	
	ະກາວ	
26	HII.Q	

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.

Florida su cet address (P.O. Box NOT acceptable)

DORAL

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

* Page: 4 of 4

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	MARIANO PINO	
AMBR	\$180 NW 36th ST STE 409B	
	DORAL, FL 33166	
		q
		•
		Α.
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		41
(Use anachment if necessary)	1	#/2 10
CLF V: Effective date, if other than the	date of filing: 01/01/2021 (OPTIONAL)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)