

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6331

From: Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : T39990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1096

**\*\*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.  
FENTY EXPRESS, LLC.**

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

**FENTY EXPRESS, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**FENTY EXPRESS, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**12343 NW 7<sup>TH</sup> ST  
MIAMI, FL. 33182**

The mailing address shall be:

**12343 NW 7<sup>TH</sup> ST  
MIAMI, FL. 33182**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

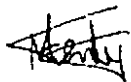
The name and the Florida street address of the registered agent are:

**MARVIN FREDDY FENTY LEONARD**

**12343 NW 7<sup>TH</sup> ST**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI, FL. 33182**  
City, State, and Zip

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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**

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MARVIN FREDDY FENTY LEONARD**  
12343 NW 7<sup>TH</sup> ST  
MIAMI, FL. 33182

**AMBR**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MARVIN FREDDY FENTY LEONARD**

Typed or printed name of signee

2021 JAN 12 AM 9:15

**CLARA GIRALDO E.A.**DATE (FECHA) 01/12/2021NAME OF CORPORATION: Fenty Express LLC.  
(NOMBRE DE LA CORPORACION)ADDRESS(DIRECCION): 12343 NW 7th StCITY: Miami STATE: Florida ZIP CODE: 33182BUSINESS ACTIVITY (OBJETO SOCIAL): Transportar cargasCOMO SUPO DE NUESTROS SERVICIOS? Por un referidoPRESIDENT: Marvin Freddy Fenty LeonardADDRESS: 12343 NW 7th stCITY: Miami STATE: Florida ZIP CODE: 33182SOCIAL SECURITY NUMBER: 340-41-0463TELEPHONE: 305-343-0012

VICEPRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TREASURER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APLICA PARA SALES TAX ☒ SI ☐ NOEMAIL: Marvinfreddyusa@gmail.com

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