

2/2/2021



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(((H21000045316 3)))



H210000453163ABCV

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To:

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

From:

Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : 120130000020  
Phone : (954)989-4995  
Fax Number : (954)989-4991

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

Email Address:

corporate@esquenazi-law.com

**FLORIDA LIMITED LIABILITY CO.  
FIG CENTURION LLC**

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

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**FIG CENTURION LLC**

**ARTICLE II. – Addresses**

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

20801 Biscayne Blvd, Suite 330  
Aventura, Florida 33180

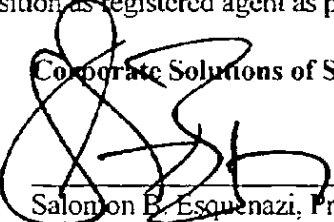
**ARTICLE III. – Registered Agent, Registered Office,  
& Registered Agent's Signature:**

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

**Corporate Solutions of South Florida, Inc.**  
4651 Sheridan Street, Suite 355,  
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

**Corporate Solutions of South Florida, Inc**

  
Salomon B. Esquenazi, President

Audit No: H21000045316 3  
This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995

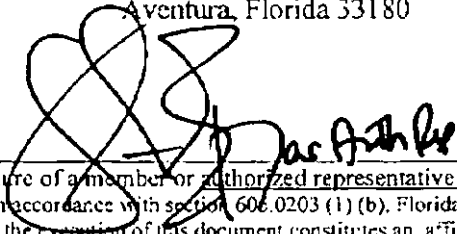
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#### ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

**Aldo Facchi**  
20801 Biscayne Blvd, Suite 330  
Aventura, Florida 33180



\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
In accordance with section 606.0203 (1) (b), Florida Statutes,  
the execution of this document constitutes an affirmation  
under the penalties of perjury that the facts stated herein are true.  
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.)

4931-7849-8266, v. 1

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TALLAHASSEE, FLORIDA

Audit No: H21000045316 3  
This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
Salomon B. Esquenazi, Esq.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995