

L21 0000065745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT

☐ MAIL

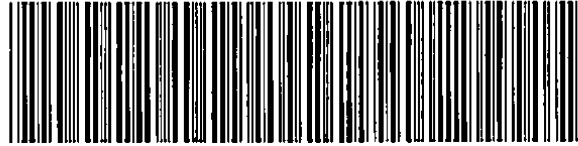
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

Office Use Only



500360120085

02/17/21--01008--001 *135.00



FLORIDA

RECEIVED
FEB 17 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 17 AM 11:57

FILED

M 2/17/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FIKA INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO JORGE CLARET
Name of Person
FIKA INVESTMENTS LLC
Firm/Company
1100 QUEEN PALM CT
Address
HOLLYWOOD FL 33019
City/State and Zip Code
professionals.contact@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Jorge Claret 954 3983523
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6527
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB 17 AM 11:57

ARTICLE I - Name:

The name of the Limited Liability Company is:

fika investments llc

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1100 QUEEN PALM CT
HOLLYWOOD FL 33019

1100 QUEEN PALM CT
HOLLYWOOD FL 33019

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALBERTO JORGE CLARET

Name

1100 QUEEN PALM CT

Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD

FL

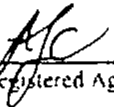
33019

City

State

Zip

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ALBERTO JORGE CLARET

1100 PALM CT

HOLLYWOOD FL 33019

MGR

ELISA MARIA RODRIGUEZ TRAVERSO

1100 PALM CT

HOLLYWOOD FL 33019

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 17 AM 11:57

FILED

(Use attachment if necessary)

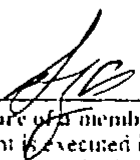
ARTICLE V: Effective date, if other than the date of filing: 02/16/2021 (OPTIONAL)

(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.

ALBERTO JORGE CLARET

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)