

L21000080930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

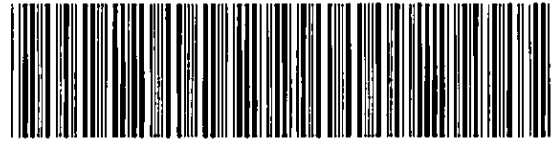
(Business Entity Name)

(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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2021 FEB 24 PM 3:44

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

125

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 2/24 GLINDA

- CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. **FIDATI, 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

2021 FEB 24 PM 1: 23

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FIDATI, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024**

**Mailing Address:**

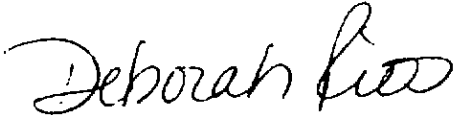
**9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024**

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

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

**RCG ACCOUNTING & ASSOCIATES, INC.  
9000 SHERIDAN STREET, SUITE 138  
PEMBROKE PINES, FL 33024**

*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**

**JUAN FRANCISCO VENTURA**  
Ruta 25 y Casella, Barrio Pilar del Este, UF210  
Partido de Pilar, CP1629  
Provincia de Buenos Aires, Argentina

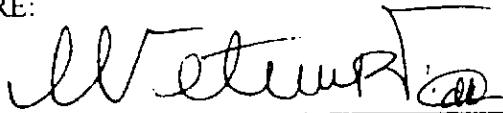
**AMBR**

**MARIA VICTORIA VENTURA**  
Ruta 25 y Casella, Barrio Pilar del Este, UF210  
Partido de Pilar, CP1629  
Provincia de Buenos Aires, Argentina

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is February 23, 2021.

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.

MARIA VICTORIA VENTURA

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL

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