

3/1/2021

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FLORIDA LIMITED LIABILITY CO.  
AFBI LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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MAR 02 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFBI LLC

(Must contain the words "Limited Liability 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:

1313 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES, FL 33134

1313 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES, FL 33134

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:

LANDA-POSADA, P.A.  
Name

1313 PONCE DE LEON BLVD., STE 301  
Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES      FL      33134  
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..*

M. Posada  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

MGR

MARIA I. LANDA POSADA  
1313 PONCE DE LEON BLVD., STE 301  
CORAL GABLES, FL 33134

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

M.L. Posada  
M.L. Posada (Feb 26, 2021 13:01 EST)

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) of the 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 I. LANDA POSADA  
Typed or printed name of signer

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**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)