Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000156045 3)))



H210001560453ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ISAMAR TORRES Account Number : I20200000137 Phone : (786)660-0108

Fax Number : (305)503-7123

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

Email Address: onestopsolutionsfl@gmail.com

FLORIDA LIMITED LIABILITY CO. FARCENTRO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu C

Corporate Filing Menu

Help

(((H21000156045 3)))

To: 18506176381

(((H21000156045 3)))

13055037123

From: Jacqueline Jaime

(((H210001560453)))

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED FLABILITY COMPANY

ARTICLE 1 - Name:

To: 18506176381

The name of the Limited Liability Company is:

FARCENTRO 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:
8217 SW 72ND AVE	8217 SW 72ND AVE
APT 413	APT 413
MIAMI, FLORIDA, 33143	MIAMI, FLORIDA, 33143

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:

ISAMAR TORRES		
	Nima	
4167 NW 135TH ST	•	
Florida street addres	s (P.O. Box NOT acce	ptable)
OPA LOCKA	FLORIDA	33054
Сþу	State	Z i p

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. Thereby accept the appointment as registered agent and agree to act in fis capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance finy duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Opper 605, ISS

Registered Agent's Signature (REQ) RED

(CONTINUED)

(((H21000156045 3)))

2021 APR 19 PM 12: 14

13055037123

From: Jacqueline Jaime

(((H210001560453)))

۸	ĸ	TI	CI	F	IV-	
			· .			

Page: 5 of 5

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

	· · · · · · · · · · · · · · · · · · ·			
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MANAGER	LUIS ALFREDO JIIOJAMNES GARCIA MEZA			
MANAGER	8217 SW 72ND AVE APT 413		-	
	MIAMI, FLORIDA, 33143		-	
<u>MANAGER</u>	ELIA MARIA DE ABREU DE BAIROS 8217 SW 72ND AVE APT 413 MIAMI, FLORIDA, 33143		- -	
	MINIM, PEOKIDA, 33143		-	
			-	
			- -	
			_	
			-	
a effective date is fisted, the date must late of filing.) If the date inserted in this block does	e date of filing 04/19/2021 (OPTIO: be specific and cannot be more than five business days primot meet the applicable statutory filing requirements, this days	or to or 90	-	
CLEV: Effective date, if other than the effective date is listed, the date must like of filing.) If the date inserted in this block does cument's effective date on the Department.	be specific and cannot be more than five business days pri- not meet the applicable statutory filing requirements, this di	o r to or 90 ate will not	t be liste	
CLEV: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department of the Departm	the specific and cannot be more than five business days print of meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC. Luis Garcia	or to or 90 ate will not	t be liste	
CLEV: Effective date, if other than the effective date is fisted, the date must late of filing.) If the date inserted in this block does ocument's effective date on the Depart CLEVI: Other provisions, if any. -PERISABLE ITEMS SUCH AS PER REQUIRED SIGNATURE: Signature of This document is elam aware that any	the specific and cannot be more than five business days print meet the applicable statutory filing requirements, this dancent of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC.	or to or 90 ate will not	t be liste	
ICLEV: Effective date, if other than the effective date is listed, the date must late of filing.) If the date inserted in this block does ocument's effective date on the Department of the Dep	not meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC. Ta member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Floriday false information submitted in a document to the Department legree felony as provided for in s.817.155. F.S. REDO JHOJAMNES GARCIA MEZA	or to or 90 ate will not	t be liste	
CLEV: Effective date, if other than the effective date is listed, the date must late of filing.) If the date inserted in this block does ocument's effective date on the Department of the Depa	not meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC. Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Floriday false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S.	ate will not	t be liste	
ICLEV: Effective date, if other than the effective date is listed, the date must late of filing.) If the date inserted in this block does ocument's effective date on the Department of the Dep	not meet the applicable statutory filing requirements, this dement of State's records. RSONAL HYGINE, HEALTH ITEMS, ETC. a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Floriday false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. REDO JHOJAMNES GARCIA MEZA Typed or printed name of signe	ate will not	t be liste	
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does ocument's effective date on the Department of the De	inot meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTHITEMS, ETC. Ta member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b). Florida (false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. REDO JHOJAMNES GARCIA MEZA Typed or printed name of signe	ate will not	t be liste	
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does ocument's effective date on the Department's effect	inot meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC. Ta member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b). Floriday false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. REDO JHOJAMNES GARCIA MEZA Typed or printed name of signe Filing Fees: of Organization and Designation of Registered Agent	ate will not	t be liste	
ICLE V: Effective date, if other than the effective date is listed, the date must bate of filing.) If the date inserted in this block does ocument's effective date on the Department of the De	not meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC. Ta member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b). Floriday false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. REDO JHOJAMNES GARCIA MEZA Typed or printed name of signe Filing Fees: of Organization and Designation of Registered Agent (181)	ate will not	2021 APR 19	i as
ICLE V: Effective date, if other than the reffective date is listed, the date must bate of filing.) If the date inserted in this block does locument's effective date on the Department's effective date on the Department's effective date on the Department is effective date of the De	not meet the applicable statutory filing requirements, this dement of State's records. RESONAL HYGINE, HEALTH ITEMS, ETC. Ta member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b). Floriday false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. REDO JHOJAMNES GARCIA MEZA Typed or printed name of signe Filing Fees: of Organization and Designation of Registered Agent (181)	or to or 90 ate will not	2021 APR	

(((H21000156045 3)))