5/13/2021

From: Yanet Avils

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000192438 3)))



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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. FERENCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ference LLC	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of it	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
2050 Alamanda Dr	2050 Alamanda Dr.
North Miami, Florida 33181 ARTICLE III - Registered Agent, Registered Office, & Registered	North Miami, Florida 33181 tered Agent's Signature:

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:

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Eduard	o D Arrechea	3
Name		
2050.Alamanda Dr.		
Florida street address (P.O. Box NOT acceptable)		
North Miami, Florida 33181		
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 stantes 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)

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From; Yanet Avila

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Eduardo D Arrechea **AMBR** 2050 Alamanda Dr. North Miami, Florida 33181 (Use attachment if necessary) 05/11/21 . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 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

Filing Fees:

Typed or printed name of signee

Eduardo D Arrechea

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.\$17.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)