

L21000263369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

JUN 07 2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FAMILIA AMAYA LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS JACINTO AMAYA

Name of Person



Firm/Company

13100 SW 7 PL

Address

DAVIE, FLORIDA, 33325

City/State and Zip Code

INFOPABON@GMAIL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS AMAYA	727	495-4683
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|---|--|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILIA AMAYA 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:

13100 SW 7 PL, MIAMI, FL 33325

Mailing Address:

13100 SW 7 PL, MIAMI FL 33325

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:

DOUGLAS JACINTO AMAYA

Name

13100 SW 7 PL

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

DAVIE

FLORIDA

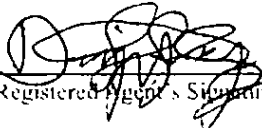
33325

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)

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21 MAY 13 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MBR

NOE DOLORES AMAYA
13240 SW 7 CT
DAVIE FL 33325

MBR

JORGE ENRIQUE AMAYA
285 VERONA AVE
NEWARD, NJ 07104

MBR

JOSE ISRAEL AMAYA
11 HELLER PKWY
NEWARD, NJ 07104

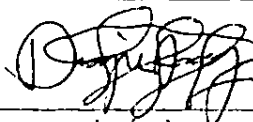
MBR

PEDRO HERNANDES AMAYA
3250 SW 7 CT
DAVIE, FL 33325

MBR

GLADIS Y. RUIZ CRUZ
3250 SW 7 CT
DAVIE, FL 33325

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.

DOUGLAS JACINTO AMAYA

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)

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21 MAY 13 PM 12:53
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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:

AMBR

DOUGLAS JACINTO AMAYA

13100 SW 7 PL

DAVIE, FL 33325, US

AMBR

ARELY AMAYA

13510 SW 7 PL

DAVIE, FL 33325, US

MBR

JOSE OSMIN AMAYA

685 MI PROSPECT AVE

NEWARD, NJ 07104 US

MBR

JOSE RODILIO AMAYA

11117 MC KINLEY DR

PORT RICHEY, FL 34668

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

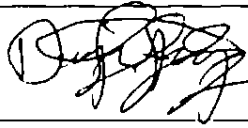
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ANY AND ALL LAWFULL BUSINESS

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.

DOUGLAS JACINTO AMAYA

Typed or printed name of signer

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)

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STATE OF FLORIDA
TALLAHASSEE