

L21000283924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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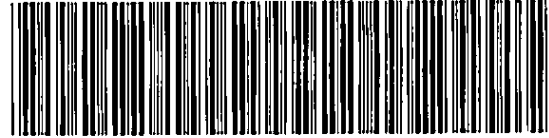
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2021 JUN 17 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 17 AM 10:40

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

15900 FENKEEL LLC

Signature _____

Requested by:

Name _____ Date _____ Time _____

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- _____ Art of Inc. File _____
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- _____ Foreign Corp. File _____
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- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
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- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
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- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JUN 17 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

15900 Fenkell 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:

12000 Biscayne Blvd.

Suite 221

North Miami, FL 33181

12000 Biscayne Blvd.

Suite 221

North Miami, FL 33181

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:

Abraham Benhayoun

Name

12000 Biscayne Blvd., Suite 221

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

North Miami

FL

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 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.

/s/ Abraham Benhayoun

Registered Agent's Signature (REQUIRED)

(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:

MGR _____

RIVERA SAEZ, MARTIN
12000 Biscayne Blvd., Suite 221
Miami, FL 33181

MGR _____

RIVERA SAEZ, MATIAS
AV. EL SALTO 4001, HUCHURABA. OFICINA 81
SANTIAGO. XX XXXXX CL

MGR _____

Abraham Benhayoun
12000 Biscayne Blvd., Suite 221
Miami, FL 33181

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 16, 2021. (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:

/s/ Martin Rivera Saez

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.

Martin Rivera Saez, authorized representative of a Member

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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