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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

\*\*\* ATTN: SHARETA BACKEY \*\*\*  
**MD SAIDUR RAHAMAN IS THE  
CLIENT'S COMPLETE/LEGAL  
NAME. PLEASE CONTINUE  
PROCESSING. THANK YOU!**

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

Email Address: RSFORZA@ROSEDALEDRAPALA.COM

**FLORIDA LIMITED LIABILITY CO.  
FMM FLORIDA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 JUL 29 PM 3:30



July 29, 2021

HUBCO

SUBJECT: FMM FLORIDA LLC  
REF: W21000106763

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Shareta Backey  
Regulatory Specialist II

FAX Aud. #: H21000287577  
Letter Number: 221A00017809

H21000287577

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**FMM FLORIDA 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 the Limited Liability Company is:

Principal Office Address:

Mailing Address:

442 WATERBURY CT  
CANTONMENT, FL 32533

442 WATERBURY CT  
CANTONMENT, FL 32533

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

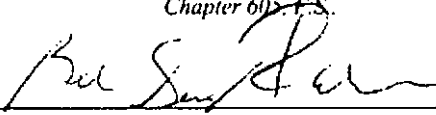
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MD SAIDUR RAHAMAN  
Name  
442 WATERBURY CT  
Florida street address (P.O. Box **NOT** acceptable)  
CANTONMENT FL 32533  
City Zip

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*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)  
**MD SAIDUR RAHAMAN**

(CONTINUED)

H21000287577

ARTICLE IV-

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

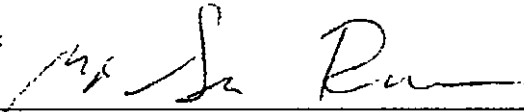
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>MD SAIDUR RAHAMAN</u>
	<u>442 WATERBURY CT</u>
	<u>CANTONMENT, FL 32533</u>

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

MD SAIDUR RAHAMAN

Typed or printed name of signee

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