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.

(((H210004229293)))



H218004229293ABC4

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 : CLARA GIRALDO ENROLLED AGENT

: (305)485-1098

Account Number : 119990000017 Phone : (305)485-9300

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

Email Address:

SECRETARY OF STATE ALLAHASSEE. FLORIDA

## FLORIDA LIMITED LIABILITY CO.

213APFONTAINE, LLC.

Character and many making the specific of the state of th		
Certificate of Status		0
Certified Copy		1
Page Count		03
Estimated Charge		\$155.00

133

Electronic Filing Menu

Corporate Filing Menu

Help

1. Ext. C.;

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

## 213APFONTAINE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

## 213APFONTAINE, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

11913 NW 12TH ST PEMBROKE PINES, FL. 33026

The mailing address shall be:

11913 NW 12TH ST PEMBROKE PINES, FL. 33026

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

### **EMMA GALINDO**

11913 NW 12TH ST
Florida Street address (P.O.BOX NOT acceptable)
PEMBROKE PINES, FL. 33026
City, State, and Zip

2021 MOV 16 AH 11: 06
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MOV IS AND DE

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** 

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

EMMA GALINDO 11913 NW 12TH ST PEMBROKE PINES, FL. 33026 **AMBR** 

2021 HOY 16 AM ||: OI SECRETARY OF STATE

STEFANIA ALVAREZ 11913 NW 12TH ST PEMBROKE PINES, FL. 33026 AMBR

/mma'lindo

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.)

#### **EMMA GALINDO**

Typed or printed name of signee

ARTICLE V
THIS CORPORATION WILL START OPERATING ON JANUARY 1st, 2022