

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA LIMITED LIABILITY CO.
THE ONE PERCENT FAM, LLC**

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

2022 FEB -7 AM 7:00

2022 FEB -7 PM 6:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The One Percent Fam, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:12430 NW 11th Ln

Miami, FL 33182

Mailing Address:12430 NW 11th Ln

Miami, FL 33182

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:

Name

Sebastian G Rodriguez Matos

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

12430 NW 11th Ln

Miami

FL

33182

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 provide for in chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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