

From: Robert Fanjul
3/25/22, 9:03 AM

Fax: 18775036086

To:

Fax: (850) 617-6381

Page: 1 of 1

Date: 3/25/2022 9:07 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

RECEIVED
2022 MAR 25 AM 9:24
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
TOTAL GROUP AMW ASSOCIATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

CALCULATED BY FAX

2022 MAR 25 PM 1:46

FILED

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

The name of the Limited Liability Company is:

TOTAL GROUP AMW ASSOCIATION 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:980 NE 170TH ST APT 218
NORTH MIAMI BEACH, FL 33162**Mailing Address:**980 NE 170TH ST APT 218
NORTH MIAMI BEACH, FL 33162**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:

MARYNEE JOSEFINA INFANTE PINEDA

Name

980 NE 170TH ST APT 218Florida street address (P.O. Box **NOT** acceptable)NORTH MIAMI BEACH FL33162

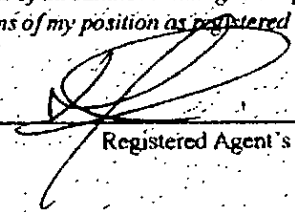
City

State

Zip

I 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.

X.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAR 25 PM 1:46

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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:MGRMARYNEL JOSEFINA INFANTE PINEDA
980 NE 170TH ST APT 218
NORTH MIAMI BEACH, FL 33162MGRWARREN MARQUEZ RODRIGUEZ
980 NE 170TH ST APT 218
NORTH MIAMI BEACH, FL 33162

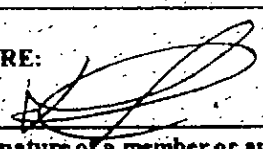
(Use attachment if necessary)

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.**REQUIRED SIGNATURE:**

X


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.MARYNEL JOSEFINA INFANTE PINEDA

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)