

# L22000191583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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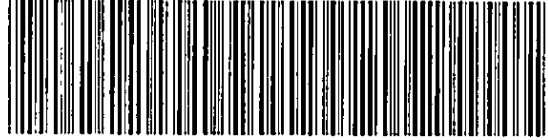
(Business Entity Name)

(Document Number)

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**CORPORATE  
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**1. FENACRI, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FL

70

ARTICLE I - Name:

The name of the Limited Liability Company is:

FENACRI, LLC

ARTICLE II - Address:

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

Principal Office Address:

627 HONEYSUCKLE LANE  
WESTON, FL 33327

Mailing Address:

627 HONEYSUCKLE LANE  
WESTON, FL 33327

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

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

RAUL FELIPE AGUALIMPIA  
4499 FOXTAIL LANE  
WESTON, FL 33331

*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/RAUL F. AGUALIMPIA

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Members/Managers**

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

**AMBR**

**RAUL FELIPE AGUALIMPIA  
4499 FOXTAIL LANE  
WESTON, FL 33331**

**MGR**

**ANA CRISTINA MONTAGUT  
4499 FOXTAIL LANE  
WESTON, FL 33331**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is May 9, 2022.

REQUIRED SIGNATURE:

**/S/RAUL F AGUALIMPIA**

\_\_\_\_\_  
**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.

**RAUL F. AGUALIMPIA**

\_\_\_\_\_  
Typed or printed name of signee

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