# 12200214341

(Requestor's Name)

(Address)

(****	1633)	
(Add	iress)	
(City/State/Zip/Phone #)		
		MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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Office Use Only



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### FEGA DEVELOPMENT 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:
13335 ARCH CREEK Rd Apt 2	13335 ARCH CREEK Rd Apt 2
Miami, FL 33181	Miami, FL 33181

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:

Diego Ferro

Name

13335 ARCH CREEK Rd Apt	2
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
Miami	FL 33181
<u> </u>	

City, State, and 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 provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)	-	
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## **ARTICLE IV- Manager(s) or Managing Member(s):**

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The name and address of each Manager or Managing Member is as follows:

Name and Address:
Diego Ferro
13335 ARCH CREEK Rd Apt 2
Miami, FL 33181
Alonso Garcia
13335 ARCH CREEK Rd Apt 2
Miami, FL 33181

(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.)

# **REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Typed or printed name of signee

Filing Fees:	-	
\$125.00 Filing Fee for Articles of Organization and Designation	•	· ~ · · - ·
of Registered Agent		: ;
\$ 30.00 Certified Copy (Optional)		20 1
\$ 5.00 Certificate of Status (Optional)		,
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