5/31/22, 10:20 AM

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(shown below) on the top and bottom of all pages of the document.



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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:\_\_\_

## FLORIDA LIMITED LIABILITY CO. EXTREME LUCKY LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXTREME LUCKY 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:

Mailing Address:

30 SW 59TH CT 30 SW 59TH CT MIAMI, FL 33144 MIAMI, FL 33144

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:

ENRIQUE FRANCISCO RAMIREZ PEREZ

Name

30 SW 59TH CT

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33144

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 provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CABLE AND/OR VIDEO

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Fax: 18775036086

The name and address of each person authorized to manage and control the Limited Liability Company:

Tilk:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ENRIQUE FRANCISCO RAMIREZ PEREZ
WUK	30 SW 59TH CT
	MIAMI, FL 33144
	MIMMIL PL 33194
MGR	SILVIA ADELA SANCHEZ LEYVA
	30 SW 59TH CT
	MIAMI, FL 33144
	1.111.111.111.1111.1111.1111.1111.1111.1111
	·
(Use attachment if necessary)	
(Ose attachment if necessary)	
	he date of filing: (OPTIONAL)
(If an effective date is listed, the date mus-	t be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depar	
the document's effective date on the Depar	then of state s records
ABTICLE VI. Other provisions (form	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: (	·
REGEREN SIGNATURE:	
X	6KKW
	of a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that a	ny false information submitted in a document to the Department of State
	degree felony as provided for in s.817.155, F.S.

ENRIQUE FRANCISCO RAMIREZ PEREZ

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)

\$ 5.00 Certificate of Status (Optional)

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TILED