Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000225328 3)))



H220002253283ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

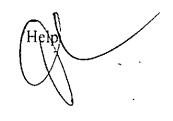
Email Address:

FLORIDA LIMITED LIABILITY CO. VERIDIANA BRAND LLC

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

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fax: 18775036086

VERIDIANA BRAND 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:

To:

Principal Office Address:

Mailing Address:

905 BRICKELL BAY DR SUITE 927	905 BRICKELL BAY DR SUITE 927
MIAMI, FL 33131	MIAMI, FL 33131

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:

City	State	Zip
MIAMI	FL	33131
Florida street addre	ess (P.O. Box <u>NOT</u> ac	eceptable)
905 BRICKELL BA	AY DR SUITE 927	
	Name	
VERIDIANA GONCALVES DOS REIS		

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.,

(CONTINUED)

From: Robert Fanjul "

Fax: 18775036086

To:

Fax: (850) 617-6381

Page: 3 of 3

06/30/2022 1:03 PM

۸	R	T	ı	C	ł.	F	1	V	_
			1	•		_		•	_

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 <u>MGR</u>	VERIDIANA GONCALVES DOS REIS 905 BRICKELL BAY DR SUITE 927 MIAMI, FL 33131
	2022
	2022 JUN 30 AM
(Use attachment if necessary)	· •
(If an effective date is listed, the date must be a the date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
X Vendian J.	un
This document is exec I am aware that any fal	member or an authorized representative of a member. Entered in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
<u>VERIDIANA (</u>	GONCALVES DOS REIS
-	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)