

L22000456208

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : NEW CORP STARTUP
Account Number : 120200000195
Phone : (305)204-2900
Fax Number : (305)275-1301

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

Email Address: daniela.jl2@gmail.com

**FLORIDA LIMITED LIABILITY CO.
FAMFUND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 OCT 24 PM 4:41
FILED
TALLAHASSEE, FLORIDA

22 OCT 24 PM 12:35
FILED
TALLAHASSEE, FLORIDA

220

((H22000364138 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMFUND LLC

ARTICLE II - Address:

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

Principal Office Address:

5350 Park Condo, Unit 1703

Miami, FL 33166

Mailing Address:

50 Biscayne Blvd, Apt 4407

Miami, FL 33132

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.)

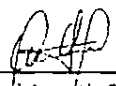
The name and the Florida street address of the registered agent are:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104

Miami, FL 33183

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..



10/24/2022
Registered Agent's Signature (REQUIRED)

FILED
22 OCT 24 PM 12:35
CLERK OF DISTRICT COURT
MILLER COUNTY, FLORIDA

((H22000364138 3)))

ARTICLE IV-

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

Title:**Name and Address:**

AMBR

Daniela Cathcart

50 Biscayne Blvd, Apt 4407

Miami, FL 33132

AMBR

Anna Cathcart

50 Biscayne Blvd, Apt 4407

Miami, FL 33132

AMBR

John Cathcart

50 Biscayne Blvd, Apt 4407

Miami, FL 33132

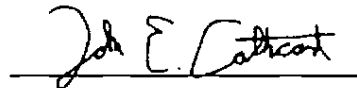
ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)

(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:

 10/24/2022

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.

John Cathcart

(Typed or printed name of signee)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA