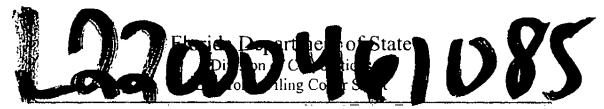
To:



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.

(((H22000368897 3)))



H220003688973ABCC

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 : RASI

Account Number : I20220000023 Phone : (800)221-2972

Fax Number : (800)221-29/2

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

Email Address:_

CT 27 AH 6: 5,

FLORIDA LIMITED LIABILITY CO. F & J CONDO LLC

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

T. SCOTT/ OCT 2 8 2022

Electronic Filing Menu

Corporate Filing Menu

Help



To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F & J CONDO'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:

Princi	<u>(1) Iaq</u>	ffice	Addr	C55

Mailing Address:

8879 CANDY PALM RD KISSIMMEE, FL 34747

8879 CANDY PALM RD KISSIMMEE, FL 34747

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:

JULIO FRIAS

Name

8879 CANDY PALM RD

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

KISSIMMEE

FI,

23747

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)

2022 OCT 27 AM 6: 5%
FRANCHISING
FRANCHISING
FRANCHISING
FRANCHISING
FRANCHISING
FRANCHISING

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR JELIO FRIAS 1072 JULIA ST TEANECK, NJ 07666 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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!

ARTICLE VI: Other provisions, if any.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

This document is executed in accordance with section 605.0203 (i) (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.

JULIA FRIAS

the document's effective date on the Department of State's records.

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)