

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Io;

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX

Account Number : I20200000010

Phone : (407)777-7470 Fax Number : (321)286-9743

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.

F AND P MYESTMENT PROPERTIES LLC

Certificate of Status	1
Certified Copy	6
Page Count	94
Estimated Charge	\$130.00

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November 9, 2022

FLORIDA DEPARTMENT OF STATE Division of Componentions

EXPERTAX

SUBJECT: F AND P PROPERTIES LLC

REF: W22000141305

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L06000058793-FP PROPERTY LLC,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document too include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this.

Calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H22000382366 Letter Number: 622A00025112

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COVER LETTER

	w Filing Sect vision of Corp						
SUBJECT:		IVESTMENT PROPERTI					
SOME TO	·	Name of Lim	ited Liabilit	y Company	······		
The enclose	sd Articles of C	Organization and fee(s) are	submitted i	for filing.			
Please retur	n all correspo	ndence concerning this ma	ter to the fo	dlowing:			
	DAVID FAJ	ARDO					
			Name of				
			Firm/Co.	прапу	_		
	554 WECHS	TER CR					
	 	,	Addre				
	ORLANDO.	FL 32824					
		Ci	•	l Zip Code			
-	15	-mail address: (to be used	for future a	nnual report notification	on)		
For further u	eformation con	occruing this matter, please	call:				
	DAVID FAJ		305	517-7577			
Enclosed is			rea Code	Daytine Telephone		1 - iii 2 - iii	22 HOY -
	Filing Fee	≝\$130.00 Filing Fee & Certificate of Status	Certific	8.00 Filing Fee & ed Copy al copy is enclosed)	ES160.00 Fili Certificate of Certified Copy (additional copy	ing Fee. Status & is enclosed)	-9 FHI2: 35
	New Fi Divisio P.O. B	g Address Hing Section on of Corporations 8x 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Talkha 2415 N. Monroe Street Tallahassee, FL 3230.	ssec et, Suite 810		JI

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ARTICLES	DFORGANIZATION FOR	FLORIDA LIMITED LIA	BILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liabi	lity Company iş:			
F AND PINVEST	MENT PROPERTIES LI	.c		
(Misst co	natin the words "Limited"	Liability Company, "Ll	L.C.," or "LL.C.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal o	office of the Limited Lie	bility Company is.	
Prins	ipal Office Address:		Malling Addres	<u> </u>
554 WECHSTER (354 WE	CHSTER CR	***************************************
ORLANDO, FL 32	2824	ORLAN	IDO, FL 32824	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered A				
(The Limited Liability Compar moother business entity with a			must designate an indi	vidual or
•	•			
The name and the Florida stree	rt address of the registered	l agent ore:		
	DAVID FAJARDO			
		Name		
	554 WECHSTER C	<u>R</u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Florida street addres	is (P.O. Box <u>NOT</u> accep	otable)	
	ORLANDO	FLORIDA	32824	
	City	State	Zip	
Having been named as registered place designated in this certified further agree to comply with the am familiar with and accept the	te. I hereby accept the app provisions of all statutes r	ointment as registered a elating to the proper and	gent and agree to uct in Leaniplete performance	this capacity. I of my duties, and I
	Regist	tered Agent's Signature	(REQUIRED)	
				7.5.0. 57. – 1

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Title: "AMBR" = Authorize	Name and Address:
"MGR" = Manager	
MGR	DAVID FAJARDO 554 WECHSTER CR ORLANDO. FL 32824

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