

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.

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To:					
10.	Division of Corpora				
	Fax Number : (8	350)617-6381			
From					
	Account Name : CA Account Number : I2		JUP PA		
	Phone : (3	305)676-0924			
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Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

TO: New Filing Section Division of Corporations

Fe Mas, LLC SUBJECT: _____

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Name of Limited Liability Curpuy

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Shapiro

Name of Reserv

Capital Enterprise Solutions, LLC

FinConpuy

1110 Brickell Avenue, Suite 505

Attes

Miami, FL 33131

Ishapiro@capitalesol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Shapi	ro 30 at ()5 676)	-0924		
		rea Code Da	ytime Telephone	Number	
Enclosed is a check for the	ne following amount:			 ⊆\$160.00 F∭	22 NO
■\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	E\$155.00 F Certified Co (additional cop)	ру	S160.00 Filin Certificate of S Certified Copy (additional copy i	Status 😓 🙃
New F Divisio P.O. B	igAddress ling Section on of Corporations ox 6327 assee, FL 32314	New 1 The C 2415	t Address Filing Section Div Fentre of Tallahas N. Monroe Street hassee, FL 32303	ssee L Suite 810	25 25

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED I JABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fe Mas, ELC

(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:
1110 Brickell Avenue, Suite 505	1110 Brickell Avenue, Suite 505
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:

Capital Enterprise Se	plutions, LLC	
	Netro	
1110 Brickell Avenu	ie, Suite 505	
Florida street addres	is (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33131
 Cìv	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. Thereby accept the appointment as registered agent and agree to act in **fis** capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance \mathcal{F} my duties, and I am familiar with and accept the obligations of my positivy as registered agent as provided for in **Claptr** 605, IS

Laur

Registered Agent's Signature (REQUISED)

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ARTICLE IV-	A	RJ	11	ЭL,	E	Ľ	¥-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

Title:

"AMBR" = Authorized Member "MGR" = Manager

MGR

1110 Brickell Avenue, Suite 505	
Minusi 111 20121	
Miami, FL 33131	

(Use attachment if necessary)

ARTICLEV: 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.)

<u>Note:</u> 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.

ARTICLEVI: Other provisions, if any.

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