

W2300000104776

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

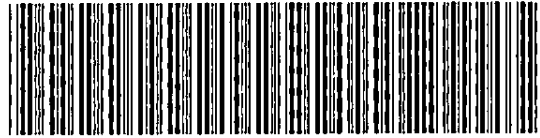
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W230000017535

Office Use Only



400400907024

*EP*  
*3/7/23*

01/23/23--01023--003 \*\*160.00

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2023 FEB 24 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2023

ANDRES BARCA  
5900 SW 5TH TERRACE  
MIAMI, FL 33144

SUBJECT: FAMILY AND FRIENDS TRAVEL AND SERVICES LLC "FAMILY & FRIENDS"  
Ref. Number: W23000017535

We have received your document for FAMILY AND FRIENDS TRAVEL AND SERVICES LLC "FAMILY & FRIENDS" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

FAMILY & FRIENDS"

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen Lovelace  
Regulatory Specialist II

Letter Number: 923A00008119

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TALLAHASSEE, FL

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*Document Amended  
Attached.*

*2/21/2023*

*136*

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** FAMILY AND FRIENDS TRAVEL AND SERVICES LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANDRES BARCA

Name of Person

FAMILY AND FRIENDS TRAVEL AND SERVICES LLC

Firm/Company

5900 SW 5th TERRACE

Address

MIAMI FL 33144

City/State and Zip Code

quincesbymarta@gmail.com

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

For further information concerning this matter, please call:

ANDRES BARCA

786

2809859

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILY AND FRIENDS TRAVEL AND SERVICES 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:

Principal Office Address:

5900 SW 5th TERRACE MIAMI FL 33144

Mailing Address:

5900 SW 5th TERRACE MIAMI FL 33144

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:

ADRIAN FORNIAS LOPEZ

Name

2350 NW 80 ST

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

MIAMI

FL

33147

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..*

Adrian Fornias Lopez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ANDRES BARCA  
5900 SW 5th TERRACE MIAMI FL 33144

AMBR

ADRIAN FORNIAS LOPEZ  
2350 NW 80 ST MIAMI FL 33147

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 30, 2023 (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:**

Adrian Fornias Lopez

**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.

ADRIAN FORNIAS LOPEZ

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)

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TALLAHASSEE, FL