4/6/23, 10:17 AM

Division of Corporations Electronic Filing Cover Sheet

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(((H23000129447 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CM ACCOUNTING & TAX, LLC

Account Number : I20210000120 Phone : (786)712-5221 Fax Number : (305)821-1079

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

FLORIDA LIMITED LIABILITY CO.

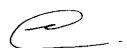
iFeel, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



767

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	contain the words "Limited Li	
ARTICLE II - Address:		ibility Company, "L.L.C.," or "LLC.")
The mailing address and str	reet address of the principal off	ce of the Limited Liability Company is:
<u>Pri</u>	incipal Office Address:	Malling Address:
10900 SW 68th	Ave	10900 SW 68th Ave
Pinecrest, FL 32	3156	Pinecrest, FL 33156
(The Limited Liability Com another business entity with	d Agent, Registered Office, & spany cannot serve as its own R h an active Florida registration treet address of the registered a	
The Limited Liability Com another business entity with	pany cannot serve as its own R h an active Florida registration treet address of the registered a Nicholas Font	egistered Agent. You must designate an individual or) gent are:
The Limited Liability Commonther business entity with	pany cannot serve as its own R h an active Florida registration treet address of the registered a Nicholas Font	egistered Agent. You must designate an individual or)
The Limited Liability Com another business entity with	pany cannot serve as its own R h an active Florida registration treet address of the registered a Nicholas Font 7861 SW 102nd LN	egistered Agent. You must designate an individual or) gent are:
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The Limited Liability Commonter business entity with	pany cannot serve as its own R h an active Florida registration treet address of the registered a Nicholas Font 7861 SW 102nd LN	egistered Agent. You must designate an individual or) gent are:

(CONTINUED)

SECRETARY OF STATE

HZ30001294413

ARTICLE IV-

. . . .

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

	<u> [itle:</u> AMBR" = Authorized Member	Name and Address:
	MGR" = Manager	
	MGR	Nicholas Font
		4533 Ponce de Leon Blvd
		Coral Gables, FL 33146
	MGR	Javier Font
•		10900 SW 68th Ave
		Pinecrest, FL 33156
-		
-		
If an effect he date of Note: It's the docum	ctive dute is listed, the date must ! filing.)	
F	REQUIRED SIGNATURE:	71.00
		f a member or an authorized representative of a member.
	l am aware that an	executed in accordance with section 605,0203 (1) (b), Florida Statutes, y 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.
		Nicholas Fort Typed or printed name of signee
		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)