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2023 A.: 28 PH 1: 40

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FERNANDEZ ORC I	HOLDINGS, LLC	I
Please Debit I2000000	00257 For: 125	
Thank you Seth Neele	у	
1401		Art of Inc. File
- Holy		
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Seurch
1/-	<i>.</i>	Officer Search
A A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	04/28	UCC) or 3 File
Name	Date Time	UCC 11 Search
, -4,110		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FERNANDEZ ORC HOLDINGS, 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:

Mailing Address:

2301 NW 109 Avenue, Suite 100

2301 NW 109 Avenue, Suite 100

Miami, FL 33172

Miami, FL 33172

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:

Gerard M. Fernandez

Name

2301 NW 109 Avenue, Suite 100

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

Miami

FL

33172

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)

1023 A. 28 PH 1:41

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	thorized Member
"MGR" = Mana	
AMBR	Gerard M. Fernandez
	2301 NW 109 Avenue, Suite 100
	_Miami, FL 33172
MGR	Command Francisco
	Gerard M. Fernandez
	2301 NW 109 Avenue, Suite 100 Miami, FL 33172
	Wildliff, TL 331/4
AMBR	David Fernandez
	2301 NW 109 Avenue, Suite 100
	Miami, FL 33172
	
(Use attachment	if necessary)
DOUG CO. D. A	
RTICLE V: Effective d	late, if other than the date of filing: (OPTIONAL)
r an effective date is fisi re date of filing.)	ted, the date must be specific and cannot be more than five business days prior to or 90 days after
	Lin this blook door not most the analysis to the second of
he document's affactive	I in this block does not meet the applicable statutory filing requirements, this date will not be listed as date on the Department of State's records.
ne document s'effective	date on the Department of State's records.
RTICLE VI: Other prov	visions, if any,
<u> </u>	
	
<u>REQUIRED</u> SI	GNATURE:
	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.
	Gerard M. Fernandez
	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing	Figure for Articles of Organization and Decimation of Deci

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)