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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number))
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
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\52248 W12: 152248	
W77= 152248	





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2023 NOV - 8 / 1 / 3: 35



November 8, 2023

AHRON FARACHE 622 TURTLE RUN WESTON, FL 33326 US

SUBJECT: A.F.C. FLORIDA RENT LLC

Ref. Number: W23000152248

We have received your document for A.F.C. FLORIDA RENT LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Carlos E Rico Supervisor

Letter Number: 723A00025947

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: A.F.C. FL	ORIDA RENT LLC of Limited Liability Company
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
_	
Ahron	tarache
	Name of Person
	Firm/Company
622 T	ertle Run
	Address
- Weston F	7
WS100, †	City/State and Zip Code
Ahron Fara	Actor (A) beautiful and a second a second and a second a second and a second a second and a second a second and a second a second a second a second and a second and a second and a second
TET 003. (TO DE US	sed for filture annual
For further information concerning this matter, plea	ase call:
Ahron Farache at (954) 803 6887 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cartified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	IC.	LE	1.	Name:	
		_	•		

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	control Company is:
622 Tartle Run	Mailing Address:
Weston, FL 33376	622 Turtle Rin
	1xston, fl 33326
EIII - Registered Agent, Registered Office & D.	

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

The name and the Florida street address of the registered agent are:

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

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..

(CONTINUED)

ARTICLE IV.

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

and the second and th	uthorized to magnetic
Title:	nuthorized to manage and control the Limited Liability Company:
"AMBR" = Authorized Member	Name : A
"MGR" = Manager	Name and Address:
MGR	
TICHE	Annon Farache trrevocable Living Trust (Dated May 27 Weston, Pl. 33326
	1922 tarache tricycrable 1
	weston, R 33326 Civing Trust (Detect May 27
	100, FC 35376
•	
(Use arranh	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of f	
he document's effective date on the Department of St RTICLE VI: Other provisions, if any.	filing: 1124 (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.
REQUIRED SIGNATURE:	
	Sta !
Signature of a mount	
This document is executed in	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Depart.
an aware that any false inform	accordance with section 605.0203 (1) (b) Fig. 1. 2
constitutes a third degree felow	accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
A.	as provided for in s.817.155, F.S.
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\$ 20 on S	Fillian C
♥ JU UII E NOME	Filing Fees:
S 500 Certified Copy (Optional)	Filing Fees: ion and Designation of Registered Agent
S 5.00 Certificate of Status (Optional)	Filing Fees: ion and Designation of Registered Agent