

10/4/24, 15:3

L240001316843

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000131684 3)))



H240001316843ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LATIN AMERICAN TAXPRO
Account Number : I28220000106
Phone : (407)318-0873
Fax Number : (561)467-5851

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
FF GROUP AGENCY LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2024 APR 10 PM 4:02

FILED
2024 APR 10 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

+1240001316843

H240001314843

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FF GROUP AGENCY 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:

FERNANDO, MEDINA ANEZ

Name of Person

Firm/Company

13550 VILLAGE PARK DR PISO 2 APT 215

Address

ORLANDO FLORIDA 32837

City/State and Zip Code

FJMEDINA0815@GMAIL.COM

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

For further information concerning this matter, please call:

FERNANDO, MEDINA ANEZ 407 577 6619

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

H240001314843

H 24000 1314 843

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FF GROUP AGENCY 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:13550 VILLAGE PARK DR PISO 2 APT 215
ORLANDO FLORIDA 32837Mailing Address:13550 VILLAGE PARK DR PISO 2 APT 2
ORLANDO FLORIDA 32837

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:

FERNANDO, MEDINA ANEZ

Name

13550 VILLAGE PARK DR PISO 2 APT 215Florida street address (P.O. Box **NOT** acceptable)ORLANDOFLORIDA32837

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.

Fernando Medina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 10 PM 1:55

FILED

H 24000 1314 843

24000 1314 843

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:MGR

FERNANDO. MEDINA ANEZ
 6811 GRACE HAMMOCK RD
 HARMONY FLORIDA 34773

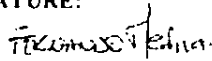
MGR

YASNEIRY. ALVARADO RINCON
 6811 GRACE HAMMOCK RD
 HARMONY FLORIDA 34773

(Use attachment if necessary)

ARTICLE V: 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.)

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:**

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.

FERNANDO. MEDINA ANEZ

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)

24000 1314 843