

9/6/24, 7:43 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L24000303574**

Note: Please print this page and submit as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000303574 3)))

FL
9-9-24

H240003035743ABC

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 : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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.
AMBAR SR USA LLC

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

2024 SEP -6 PM 4:17
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

RECEIVED

2024 SEP -6 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMBAR SR USA 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:

729 NW 2ND ST APT 814

MIAMI, FL 33128

729 NW 2ND ST APT 814

MIAMI, FL 33128

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:

SOL ROUSSET

Name

729 NW 2ND ST APT 814

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

MIAMI

FL

33128

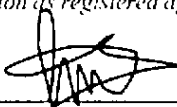
City

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

X



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 SEP -6 PM 4:17
STATE

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

SOL ROUSSET
729 NW 2ND ST APT 814
MIAMI, FL 33128

(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.

SOL ROUSSET OWNS 100% OF THE BUSINESS

REQUIRED SIGNATURE:

X



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.

SOL ROUSSET

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

2024 SEP -6 PM 4:17
DEPT OF STATE
TALLAHASSEE, FL
FILED