

W190000010318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

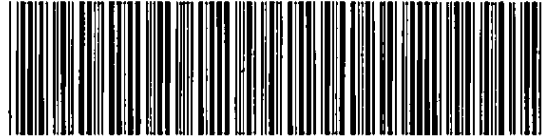
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA  
2019 OCT 21 PM 2:25

Y SCOTT  
OCT 26 2019

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2019

BRADLEY W. BUTCHER  
6830 PORTO FINO CIRCLE  
SUITE:2  
FORT MYERS, FL 33912

SUBJECT: FAM, LLC  
Ref. Number: W19000090215

We have received your document for FAM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 619A00020799

2019 OCT 10 10:10 AM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAM, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bradley W. Butcher

\_\_\_\_\_  
Name of Person

Butcher & Associates, PL

\_\_\_\_\_  
Firm/Company

6830 Porto Fmo Circle, Suite 2

\_\_\_\_\_  
Address

Fort Myers, FL 33912

\_\_\_\_\_  
City/State and Zip Code

haciendalasmargaritas@yahoo.com

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

For further information concerning this matter, please call:

Bradley W. Butcher

239

322-1651

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FAM, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

FAM-PR, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Puerto Rico  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0484944  
(F.L.I. number, if applicable)

4. March 21, 1997  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. Carr #2 Esq. 866 Bo Candelaria  
(Street Address of Principal Office)

6. P.O. Box 9596  
(Mailing Address)

Toa Baja, PR 00949  
San Juan, PR 00908

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bradley W. Butcher, Esq.

Office Address: 6830 Porto Fino Circle, Suite 2

Fort Myers, Florida 33912  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bradley W. Butcher  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Antonio López Felices

☒ Member Address: P.O. Box 9596

☐ Authorized San Juan, PR 00908

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Felista López Felices

☒ Member Address: P.O. Box 9596

☐ Authorized San Juan, PR 00908

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Margarita Lopez Felices

☒ Member Address: P.O. Box 9596

☐ Authorized San Juan, PR 00908

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

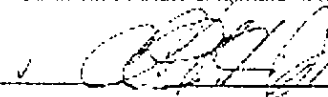
Person \_\_\_\_\_

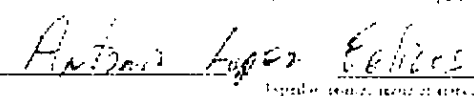
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. 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.

  
 Signature of authorized person.

  
 Signature of authorized person.



Government of Puerto Rico

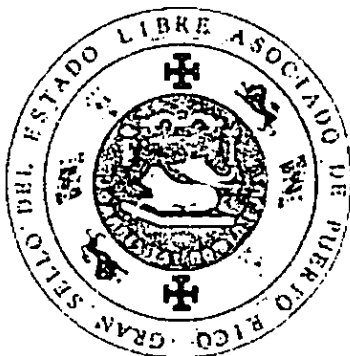
## CERTIFICATE OF GOOD STANDING

I, **MARÍA A. MARCANO DE LEÓN**, Under Secretary of State of the Government of Puerto Rico.

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **FAM, LLC**, register number **3592**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **January 4, 1991**, has complied with the payment of its Annual Fees.

SECRETARIA DE ESTADO  
ALLA: (OFFICE OF THE SECRETARY OF STATE)  
SAN JUAN, PUERTO RICO

2019 OCT 21 PM 2:25



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **September 16, 2019**.

A handwritten signature in black ink, reading "María A. Marcano de León".

**MARÍA A. MARCANO DE LEÓN**  
Under Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 15-Sep-2020.

Certificate Validation Number: **313183-15539534**



# Registry of Corporations and Entities

## Corporations and Entities

### Search

[/CorporationSearch.aspx](#)

### Create / Authorize

[/CreationFilings](#)
[/NameAvailability.aspx](#)

### Amend

[/CorporationSearch.aspx?m=ca](#)

### Dissolve / Withdraw

[/CorporationSearch.aspx?m=dis](#)

### Convert

[/CorporationSearch.aspx?m=cnv](#)

### Merge / Consolidate

[/Mergers/Selection.aspx](#)

### Restore

[/CorporationSearch.aspx?m=rst](#)

### Reserve Name

[/NameReservation/Prep.aspx](#)

## Annual Filings

### 2018 Annual Report

[/AnnualReportStart.aspx](#)

### 2018 LLC Fees

[/AnnualReportStart.aspx?m=ad](#)

### LLP Renewal

[/CorporationSearch.aspx?m=lr](#)

### Prior Years

[/CorporationSearch.aspx?m=pyf](#)

## Certificates

### Order Good Standing

[/CorporationSearch.aspx?m=oc](#)

### Order Existence

[/CorporationSearch.aspx?m=oce](#)

### Validate (/Validate

[Default.aspx\)](#)

## Validate Certificates

Certificate Found! Please print this page for your records.



Certificate Validation Number:

Corporation Name:

Date Issued:

Expiration Date:

Certificate Type:

[\( /Help/Help\\_en.htm#COGS\\_VALIDATE\)](#)

313183-15539534

FAM, LLC

16-Sep-2019

15-Sep-2020

Certificate of good standing

[Validate Another Certificate](#)

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TALLAHASSEE, FLORIDA