

La2000197045

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : RICHARDS & PARTNERS, P.A.
Account Number : I20110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

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

Email Address: _____

2022 MAY 13 PM 1:45
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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FLORIDA LIMITED LIABILITY CO.
FEBECA LLC

RECEIVED
2022 MAY 13 PM 3:07
CORPORATIONS
COMMERCIAL
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Certificate of Status	0
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FEBECA 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:

DARLIN ESPINOSA
Name of Person

RICHARDS & PARTNERS, P.A.
Firm/Company

2665 SOUTH BAYSHORE DRIVE SUITE 703
Address

MIAMI, FL 33133
City/State and Zip Code

DESPINOSA@RICHARDS-LAW.COM
E-mail address: (to be used for future annual report notification)

2022 MAY 13 PM 1:45
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA
 FILED

For further information concerning this matter, please call:

DARLIN ESPINOSA 305 858-9900
 _____ at (_____) _____
 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FEBECA 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:

100 Southeast Second Street
Suite 4400
Miami, FL 33131

100 Southeast Second Street
Suite 4400
Miami, FL 33131

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:

MARIANELLA MORALES

Name

100 Southeast Second Street Suite 4400
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33131
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 13 PM 1:45

FILED

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.

DocuSigned by:

Mariabella Morales

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MARIANELLA MORALES
100 Southeast Second Street Suite 4400
Miami, FL 33131

MGR

CLAUDIA ORDAZ
Parque Valle del Sol, Casa 147
Santa Ana, Pozos, 10903 Costa Rica

(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:

DocuSigned by:
Marianelle Morales

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.

MARIANELLA MORALES
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)

2022 MAY 13 PM 4:45
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA