

Florida Department of State  
Division of Corporations  
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**L24000352269.**

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To:

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

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

\*\*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.  
FAEMI INVESTMENT, LLC.

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

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I- Name:

The name of the Limited Liability Company is:

**FAEMI INVESTMENT, LLC.**

### ARTICLE II- Address:

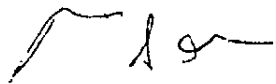
The mailing address and street address of the principal office of the Limited Liability Company: **1161 NW 141 AVE PEMBROKE PINES, FL 33028**

### ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

**FRANCESCO D ORSO  
1161 NW 141 AVE  
PEMBROKE PINES, FL 33028**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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.



Registered Agent's Signature

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**ARTICLE IV: Purpose of Business:**

The purpose of this LLC is for real estate investment.

**ARTICLE V:**

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

**Title:**


**Name and Address:**

AMBR

FRANCESCO D ORSO  
1161 NW 141 AVE  
PEMBROKE PINES, FL 33028

AMBR

ANGELA LUCCHESI  
1161NW 141 AVE  
PEMPROKE PINES, FL 33028

  
-----  
Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**FRANCESCO D ORSO**

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Typed or printed name of signee.

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