# L21000529831

(Requestor's Name)				
(Address)				
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2021 DEC 20 PM 12: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH

#### COVER LETTER

TO:

**New Filing Section** 

D	ivision of Co	rporations				
SUBJECT	۲.		FCS"	r global	LLC	
SOBJECT	•	Nai	me of Lin	nited Liabili	ty Company	
The enclos	sed Articles of	Organization and	fee(s) are	e submitted	for filing.	
Please retu	ırn all corresp	ondence concernir	ng this ma	uter to the f	ollowing:	
	Anthony Mo	orales				
				Name of	Person	
	MyUSACor	poration.com				
		·		Firm/Co	npany	
	1 Radisson l	Plaza, Suite 800				
			-	Addre	ess	
	New Roche	lle, NY 10801				
	:-f-@		С	ity/State and	l Zip Code	
		corporation.com E-mail address: (to	be used	for future a	nnual report notificat	
For further i		ncerning this matt				,
	Anthony Mo	rales	87 at (	77	3302677	
	Nan	ne of Person		rea Code	Daytime Telephor	ne Number
Enclosed is	s a check for t	he following amou	unt:			
<b>■</b> \$125.00	Filing Fee	□\$130.00 Filir Certificate of S		Certific	i.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address Tiling Section			Street Address New Filing Section D	ivision

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 1, 2021

ANTHONY MORALES MYUSACORPORATION.COM 1 RADISSON PLAZA STE 800 NEW ROCHELLE, NY 10801

SUBJECT: FCST GLOBAL LLC Ref. Number: W21000153153

We have received your document for FCST GLOBAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6052.

Letter Number: 521A00028839

Tim Burch Senior Section Administrator

Dear Tim, please find the document enclosed in this package. It confirms that the company chosen by the member to register in Florida is an LLC previously registered in WU.

2021 DEC 21 AM 11: 51

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		GLOBAL LLC			
(Mı	ast contain the words "Limited	Liability Company	v, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and	street address of the principal o	ffice of the Limite	d Liability Company is:		
Principal Office Address:			Mailing Address:		
244 NE 162 ST, MIAMI, FL 33162			244 NE 162 ST, MIAMI, FL 33162		
	<del></del>			_	
				<u>-</u>	
ARTICLE III - Register	ed Agent, Registered Office,	& Registered Age	ent's Signature:	-	
The Limited Liability Co	mpany cannot serve as its own	Registered Agent.	ent's Signature: You must designate an individual or	- -	t.
The Limited Liability Co	red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registratio	Registered Agent.	ent's Signature: You must designate an individual or	33. 17.0	<b>3</b>
The Limited Liability Co another business entity w	mpany cannot serve as its own	Registered Agent. n.)	ent's Signature: You must designate an individual or A		
The Limited Liability Co another business entity w	empany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent. n.) agent are:	ent's Signature: You must designate an individual or ALLAHASS	. 1 SECRETAG 25 030 180	-
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The Limited Liability Co another business entity w	empany cannot serve as its own ith an active Florida registration street address of the registered Incomp	Registered Agent. n.) agent are: Services, Inc. Name	You must designate an individual or ALLAHASSEE	20	i
The Limited Liability Co another business entity w	ompany cannot serve as its own ith an active Florida registratio street address of the registered Incomp	Registered Agent. n.) agent are: o Services, Inc. Name	You must designate an individual or ALLAHASSEE	20	i
The Limited Liability Co another business entity w	empany cannot serve as its own ith an active Florida registration street address of the registered Incomp	Registered Agent. n.) agent are: o Services, Inc. Name	You must designate an individual or ALLAHASSEE, FLOOR	20	i
The Limited Liability Co another business entity w	ompany cannot serve as its own ith an active Florida registratio street address of the registered Incomp	Registered Agent. n.) agent are: o Services, Inc. Name	You must designate an individual or ALLAHASSEE	20 PI	į
The Limited Liability Co another business entity w	smpany cannot serve as its own ith an active Florida registratio street address of the registered  Incom  17888 67th Court Not Florida street address	Registered Agent. n.) agent are: Services, Inc. Name rth (P.O. Box NOT a	You must designate an individual or TALLAHASSEE FLORIDA	20	į

(CONTINUED)

#### 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 AMBR FCST GLOBAL LLC & Wynning LLC 5 FREDERICK ST, PROVIDENCE, RI, 02904 AMBR **DEXTER JONES** 501 AL AZIZIYA AREA, DOHA, QATAR AMBR JUSTIN CHAM 5 FREDERICK ST, NORTH PROVIDENCE, RI, 02904 **AMBR** MICHELLE JORDAN 24777 WALDEN RD E, SOUTHFIELD, MI, 48033 (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: f

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.

> Paul Timothy McCreary 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)

## AŢTACHMENT

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

## TITLE NAME AND ADDRESS

AMBR	CHARLES MCCREARY	244 NE 162 ST., MIAMI, FL, 33162
AMBR	TIMOTHY NUNDWE	253 RAYAN, DOHA, QATAR
AMBR	ABDUL NASIR AL HASSAN	AL KHOR, DOHA, QATAR
AMBR	ABDUL LATIF AL HASSAN	PORTSWOOD RD., V&A WATERFRONT, CAPE TOWN, SOUTH AFRICA
AMBR	MOHAMMED FAWZI A AMADU	CO1958 TEMA, ACCRA, GHANA
AMBR	OSAMA NABIL SOBHI IBRAHIEM	GEMHORIYA ST., KHARTOUM, SUDAN
AMBR	EPHRAM MESHACK NTWANE	14 LORNA STREET, KIMBERLEY, JOHANNESBURG, SOUTH AFRICA
AMBR	PHENYO MALOKA	47 RUIMG MANOR 4 VAN DALEN RD., NORTH ROODEPOORT, JOHANNESBURG, SOUTH AFRICA
AMBR	PETER SILUNGWE	7 MPULUNGU RD., OLYMPIAPARK, LUSAKA, ZAMBIA
AMBR	MATT AKALIN	FLAMINGO 15 DAIRE 48 MAVISEHIR KARSIYAKA, IZMIR, TURKEY
AMBR	SALIM MOHAMED SALIM BABU	80100 AREA, MOMBASA, KENYA SECRE AHE