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(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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B. KOHR
DEC 14 2010

EXAMINER

DIVISION OF CORPORATIONS

10 DEC 14 PM 3: 50

COVER LETTER

Division of	Corporations		
SUBJECT:	FBR SERVI Name of Limited I	LES, LL iability Company	C 100EC 14
The enclosed Article	es of Organization and fee(s) are sub-	mitted for filing.	F
Please return all corr	respondence concerning this matter t	o the following:	3
F	ERNANDO	B. Piz me of Person	EiRU
	Fir	m/Company	
22	485 SW	615T h	JAY
	•	Address	,
Boo	CA PATON dity/St	FL 3:	3428
	BR 1919 @ Y		
For further informati	ion concerning this matter, please cal	H:	
FERNAN Na	Do B. RiBEiRBat me of Person	(<u>56/</u>) <u>929</u> Area Code & Daytime Tel	7 - 3 7 0 7 ephone Number
Enclosed is a check	k 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	6 186g
FBR SERVICE (Must end with the words "Limited Liability")	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ا جي خانincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22485 SW 6/5 WAY	22485 SW 6/STWAY

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:

Name

22 485 SW 6/ST WAY

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

BOCA RATIN FL 33 428

City, State, and 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	FERNANDO PIBFIRO 22 485 SW 61ET WAY BOCA RATON, FL 3340
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	he date of filing: (OPTION at be specific and cannot be more than five business dates
REQUIRED SIGNATURE:	_

(In accordance with section 608.408(3), 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.)

ERNANDO B. ZIBEIRO
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)