¥ 6 PAGE 01/05 09/30/2 elofi Divisio bf Coi tions Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H130002148673))) H130002148673ABC% Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A. Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829

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

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### ARTICLES OF ORGANIZATION

#### <u>OF</u>

#### FCS SERVICES USA LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

# ARTICLE I

# <u>NAME</u>

The name of this Limited Liability Company is: FCS SERVICES USA LLC

# ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

# ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

### ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 2100 SALZEDO STREET, SUITE 201, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

# ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That FCS SERVICES USA LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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# ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

<u>Office</u>: Manager/ President <u>Name:</u> Luca Simoni Address: c/o 2100 Salzedo Street Suite 201 Coral Gables, FL 33134

WITNESS the hand and seal of the Authorized Person in GoraDGables, Florida, the <u>23rd</u> day of September, 2013

imoni ĿА Manager

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That FCS SERVICES USA LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Eraga P.A By: Carlos F. Arazoza Director Date: September 30, 2013

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September 27, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

ARAZOZA & FERNANDEZ-FRAGA P.A.

SUBJECT: FCS SERVICES LLC REF: W13000053737

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : F.C.S. SERCVICE, INC., document number P95000060694.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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