

L18000147341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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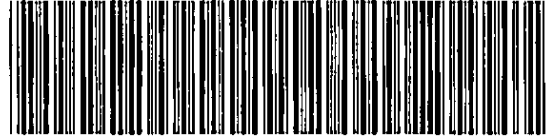
(Business Entity Name)

(Document Number)

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2018 JUN 14 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2018

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FXRBES, 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:
EMMANUEL REGIS

Name of Person

OMNI BUSINESS SERVICES, INC

Firm/ Company

9705 NE 2nd AVENUE

Adress

MIAMI, FLORIDA 33138

City/State and Zip Code

For further information concerning this matter, please call:

EMMANUEL REGIS at (305) 576-7755

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 filing fee

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
FXRBES ,LLC

ARTICLE I: NAME

The name of this Limited Liability Company shall be:

FXRBES, LLC

ARTICLE II: ADDRESS

320 NW 204th TERRACE
MIAMI, FLORIDA 33169

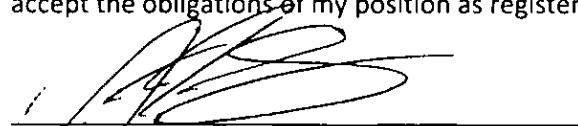
IT IS ALSO THE MAILING ADDRESS

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and the Florida Street Address of the Registered Agent is:

ANTON P FORBES II
320 NW 204th TERRACE
MIAMI, FLORIDA 33169

Having been named as registered agent and to accept service of process for the above state Limited liability company at the place designated in this certificate, I hereby accept the appointment As registered agent 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV: MANAGERS

The name and address of the Managers authorized to manage and control the Limited Liability Company


TITLE	NAME	ADDRESS
MANAGER	ANTON P FORBES II	320 NW 204 th TERRACE
" "	" "	MIAMI, FL 33169

ANTON P FORBES II

(in accordance with section 608-408 (3) Florida Statutes, the execution of this document Constitutes an affirmation under the penalties of perjury that the fact stated herein are true)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.)

REQUIRED SIGNATURE:

X  _____

Signature of a 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 here in 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.)

ANTON P FORBES II