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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filling Officer.			

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JIVISION OF CORFORATIONS

C RICO
JUL 31 2019

COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	FIM GROUP. LLC				
SUBJEC		mited Liability Company			
The enclo	sed Articles of Organization and fee(s) a	re submitted for filing.			
Please ret	urn all correspondence concerning this n	natter to the following:			
	ANDA MALESCU				
	Name of Person				
MALESCU LAW, PA					
	Firm/Company				
	848 BRICKELL AVENUE, SUITE 1215				
	Address				
	MIAMI, FL 33131				
City/State and Zip Code anda@malesculaw.com					
	E-mail address: (to be use	d for future annual report notification)			
For further	information concerning this matter, plea	se call:			
		786 4106841			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed	is a check for the following amount:				
\$125.001	Filing Fee * S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 3230!			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FIM GROUP, LL		lity Company, "L.L.C.," or "LLC.")
(Musi c	contain the words. Elithied Liabil	my Company, C.E.C., or DEC.
CTICLE II - Address: e mailing address and stre	et address of the principal office	of the Limited Liability Company is:
<u>Prin</u>	cipal Office Address:	Mailing Address:
848 BRICKELL MIAMI, FL 3313	AVENUE, SUITE 1215	848 BRICKELL AVENUE, SUITE 1215 MIAMI, FL 33131
		
he Limited Liability Comp	Agent, Registered Office, & Registered Serve as its own Region an active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individual or
he Limited Liability Compother business entity with	oany cannot serve as its own Regi	stered Agent. You must designate an individual or
he Limited Liability Compother business entity with	oany cannot serve as its own Regi an active Florida registration.)	stered Agent. You must designate an individual or
he Limited Liability Compother business entity with	oany cannot serve as its own Regi an active Florida registration.) reet address of the registered ager	stered Agent. You must designate an individual or nt are:
he Limited Liability Compother business entity with	eany cannot serve as its own Region an active Florida registration.) The eet address of the registered agent MALESCU LAW, PA National National Register National Na	stered Agent. You must designate an individual or nt are: ne E, SUITE 1215
he Limited Liability Compother business entity with	eany cannot serve as its own Region an active Florida registration.) rect address of the registered ager MALESCU LAW, PA Nat	stered Agent. You must designate an individual or nt are: ne E, SUITE 1215

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 605, F.S..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

SECHETARY OF STATE HAISION OF CORPORATION

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGR	ISTRATE FELIX C. BLD. MARASESTI. NR. 2B, BL. D, SC. 1, AP. 8-9 BUCURESTI. RO 040254			
(Use attachment if necessary)				
the date of filing.)	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	7/2			
Signature of a member or an authorized representative of a member				

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

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.

ANDA MALESCU

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)



848 Brickell Avenue, Suite 1215 Miami, FL 33131 USA T: + 1 786 410 6841 F: + 1 786 410 6842 Anda_O._Malescu,_Esq. Admitted in FL anda@malesculaw.com

30 July 2019

VIA UPS

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

Re: Florida Division of Corporations - New filing for FIM GROUP, LLC

Dear Sir/Madam,

Enclosed please find the documents required to form a new Florida limited liability company:

- 1. Articles of Organization for FIM GROUP, LLC
- 2. Check in the amount of \$125.00 for filing Fee for Articles of Organization and Designation of Registered Agent.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

Anda O. Malescu, Esq.