

L21000208459

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : UNITED AGENT SERVICES LLC
Account Number : 120210000087
Phone : (866)246-2669
Fax Number : (520)333-2793

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

Email Address: compliance@unitedagentservices.com

**FLORIDA LIMITED LIABILITY CO.
HBM GLOBAL SERVICE L.L.C.**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

21 MAY 12 PM 7:07

2021 MAY 12 AM 9:20

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HBM GLOBAL SERVICE L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:9100 Conroy Windermere Road #200-UAS,
Windermere, FL 34786Mailing Address:9100 Conroy Windermere Road #200-UAS,
Windermere, FL 34786

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:

United Agent Services LLC

Name

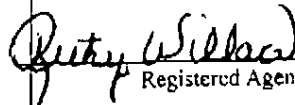
9100 Conroy Windermere Road #200-UAS,Florida street address (P.O. Box **NOT** acceptable)WindermereFL34786

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

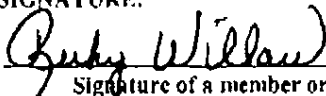
"MGR" = Manager

Name and Address:AMBRBALDASSINI MARCOVia Mario Patrizi n. 11, 01030 Vitorchiano (VT), Italy

(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.This company is registered as a business continuation of the Italian Limited Liability Company: "HBM GLOBALSERVICE SRL" w/ registered office in Via Ostiense n. 131-L, 00154 Roma (RM)- Italy w/ Euro 1,000.00 fullypaid-up capital. Rome Company House reg. and tax code # 15936121001, Rome R.E.A. RM-1624258**REQUIRED SIGNATURE:**

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.

Ruth Willard

Typed or printed name of signer

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)

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