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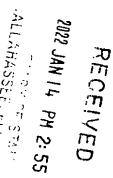
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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THE THE SECRETARY OF STATE TALLYHASSEE, FL



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Incorporating Services, Ltd.

incserv²

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 1/14/2022	PRIORITY Regular Approval	OUR REF_#_(Order_ID#)] 988840
ORDER ENTITY FSQUARED VENTURES LLC		
PLEASE PERFORM THE FOLLO FSQUARED VENTURES LLC		
New LLC filing		
NOTES:		
Email address for annual report re	eminders: jim@weinbergpc.com	
RETURN/FORWARDING INST	RUCTIONS:	

Please bill the above referenced account for this order.

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, January 14, 2022 Page 1 of 1

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2022 JAN 14 AM 9: 47

ARTICLE I - Name: The name of the Limited Liability (Company is:		SECRETARY OF STAT FALLAHASSEE, FL	Έ	
FSquared Ventures LL	<u> </u>				
(Must contain	the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	ress of the principal o	ffice of the Limited	Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Address:		
9701 Collins Avenue			Collins Avenue		
South Tower 2003			h Tower 2003		
Bal Harbour, Florida 33	1154	Ball	Harbour, Florida 33154		
•	Farryn Weiner	Name			
•	9701 Collins Avenue, South Tower 2003 Florida street address (P.O. Box NOT acceptable)				
_	Bal Harbour	Florida	33154		
	City	State	Zip		
place designated in this certificate, I)	nereby accept the apprisions of all statutes reations of my position	piniment as registered dating to the proper as registered agent of the Verin- cred Agent's Signat	· 		
		(CONTINUED)			

2022 JAN 14 AM 9: 47

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR/MGR	Farryn Weiner 9701 Collins Avenue, South Tower 2003 Bal Harbour, Florida 33154	
		SEORE
		TALLAHASSEE
		51
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Justifu Venin	
This document is exe I am aware that any fa	member or an authorized representative of a member. cented in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
Farryn Weiner	Typed or printed name of signec	

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

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)