12200125246

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instruction	s to Filing Officer:				

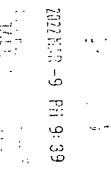
Office Use Only



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3/29/22



COVER LETTER

	w Filing Section vision of Corporations				
SUBJECT:	TB Transactions LLC				
SUBJECT		Name of Lin	nited Liabi	lity Company	 _
The enclose	d Articles of Organization	on and fee(s) ar	e submitte	d for filing.	
Please retur	n all correspondence cor	icerning this ma	atter to the	following:	
	Andrew J. Von Gustedt				
•			Name o	f Person	, . ,
	Tumberry Associates				
			Firm/C	ompany	
	19501 Biscayne Boulev	ard, Suite 400		Name of Person Firm/Company Address /State and Zip Code r future annual report notification) all:	
•			Add	ress	
	Aventura, FL 33180				
	vongustedt@turnberry.c		'ity/State ai	nitted for filing. o the following: me of Person m/Company Address ate and Zip Code ture annual report notification) 914-8220 ode Daytime Telephone Number DS155.00 Filing Fee & Steet Status & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address	
	<u> </u>		for future	annual report notificati	ion)
For further in	formation concerning th	is matter, please	e call:		
	Andrew J. Von Gustedt	30 at (05		
_	Name of Person				e Number
Enclosed is	a check for the following	g amount:			
■\$125.00 I		00 Filing Fee & ite of Status	Certif	ied Copy	Certificate of Status & Certified Copy
	Mailing Address New Filing Section	,			vision
	Division of Corpo P.O. Box 6327			_	issee

Tallahassee, FL 32303

Fallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
FB Transactions LLC				
(Must contain the words "Limit	ed Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and street address of the principal	al office of the Limited	Liability Company is:		
Principal Office Address:		Mailing Address:		
10501 Di D. 1 . 1	195	19501 Biscavne Boulevard		
19501 Biscayne Boulevard				
Suite 400		e 400		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office	Suit Ave	ntra, FL 33180 nt's Signature:		
Suite 400 Aventura, FL 33180	Suit Ave ce, & Registered Age cwn Registered Agent. ation.)	ntra, FL 33180 nt's Signature:		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its output of the business entity with an active Florida registration.	Suit Ave ce, & Registered Age cwn Registered Agent. ation.) cred agent are:	ntra, FL 33180 nt's Signature:		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its of another business entity with an active Florida registration. The name and the Florida street address of the register.	Suit Ave ce, & Registered Age cwn Registered Agent. ation.) cred agent are:	ntra, FL 33180 nt's Signature:		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its of another business entity with an active Florida registration. The name and the Florida street address of the register.	Suit Ave ce, & Registered Age cent Registered Agent. ation.) cred agent are: Name	ntra, FL 33180 nt's Signature:		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its often business entity with an active Florida registration of the register and the Florida street address of the register of the NRAI Services. In 1200 South Pine I	Suit Ave ce, & Registered Age cent Registered Agent. ation.) cred agent are: Name	ntura, FL 33180 nt's Signature: You must designate an individual or		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its often business entity with an active Florida registration of the register and the Florida street address of the register of the NRAI Services. In 1200 South Pine I	Suit Ave ce, & Registered Age own Registered Agent. ation.) red agent are: nc. Name	ntura, FL 33180 nt's Signature: You must designate an individual or		
Suite 400 Aventura, FL 33180 ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its of another business entity with an active Florida register. The name and the Florida street address of the register. NRAI Services, In 1200 South Pine I Florida street address address address.	Suit Ave ce, & Registered Age own Registered Agent. ation.) red agent are: Name Sland Road ress (P.O. Box NOT a	entura, FL 33180 nt's Signature: You must designate an individual or acceptable)		

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. Thereby 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

NRAI Services, Inc. by Sandra Zwijack, Assistant Secretary

NRAI Services, Inc. by Sandra Zwijack, A: Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

11118:	Same and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Rock Soffer 19501 Biscayne Boulevard, Suite 400		
	Aventur, FL 33140		_
	733 Chilare 1 12 22 1-33		
			
			
	- 		
			
			
(Use attachment if necessary)			
document's effective date on the Department FICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this of State's records.		
REQUIRED SIGNATURE:	-		
Signature of a m	ember or an authorized representative of a member	eг.	
This document is execu	ited in accordance with section 605,0203 (1) (b). Flor	rida Statut	
	e information submitted in a document to the Departree felony as provided for in s.817.155, F.S.	nent of St	ate
() 1 2 cm			
Rock Soffer	Typed or printed name of signee	_	
	typed or printed hame of signee		
	Filing Fees:		(E)
\$125.00 Filing Foo for Acticles of O-	ganization and Designation of Registered Agent		
\$ 30.00 Certified Copy (Optional)	gameation and resignation of regime ten agent	••	1 1
\$ 5.00 Certificate of Status (Option	nali		1.7
5	,		