

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

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**FLORIDA LIMITED LIABILITY CO.  
 F&G SAS LIMITED LIABILITY COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	03
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 2022 MAY -5 PM 3:12  
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2021 MAY -5 PM 5:10  
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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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Help

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

F&G SAS LIMITED LIABILITY COMPANY

**ARTICLE II - Address:**

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

801 E EDGEWOOD DR, LAKE LAND, FL 33803

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

LADY CAROLINE MILLAN RUIZ

801 E EDGEWOOD DR , LAKE LAND ,FL 33803

**ARTICLE IV-**

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

LADY CAROLINE MILLAN RUIZ -AMBR

CLERK OF STATE  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA


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**Required Signatures:**

  
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 herein 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.

  
Typed or printed name of signee

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)

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AND BUSINESSES  
TALLAHASSEE, FLORIDA

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