

L22 000 317 535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

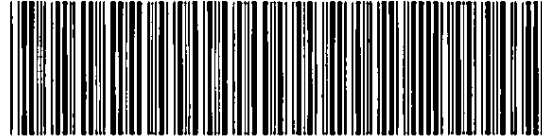
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
JUL 19 2022

22 JUL 19 PM 3:26

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ALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO: 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: 7/19/2022

PRIORITY: Regular Approval

OUR REF. # (Order ID#): 1057211

ORDER ENTITY:
FIDES PARTNERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
FIDES PARTNERS, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized
Email address for annual report reminders: cgrady@gradyhunt.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

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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.

ARTICLES OF ORGANIZATION
OF
FIDES PARTNERS, LLC

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The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605.0201, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is Fides Partners, LLC (the "Company").

ARTICLE II - ADDRESS

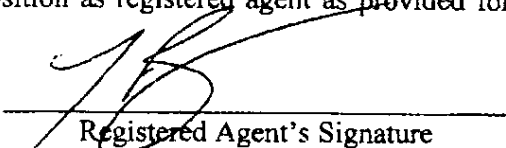
The mailing address and street address of the principal office of the Company is 12155 US 1, Unit 1365, North Palm Beach, FL 33408.

ARTICLE III - REGISTERED OFFICE AND AGENT AND ADDRESS

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

<u>Name</u>	<u>Address</u>
Thomas C. Brockwell	12155 US 1, Unit 1365 North Palm Beach, FL 33408

Having been named as registered agent and to accept service of process for Fides Partners, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes

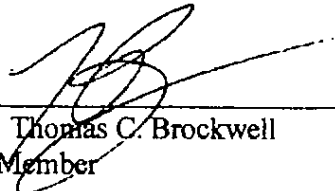


Registered Agent's Signature

Article IV – The Name and Address of each person authorized to manage and control the
Limited Liability Company

AMBR Thomas C. Brockwell
 12155 US 1, Unit 1365
 North Palm Beach, FL 33408

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of
Organization for the foregoing uses and purposes this 17 day of July, 2022.

By: 
Name: Thomas C. Brockwell
Title: Member

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