L23000106207

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

Office Use Only



80040317ALLAHASSEE, FLORING.

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 3/7/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1125870

ORDER ENTITY

FBS GLOBAL DISTRIBUTORS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FBS GLOBAL DISTRIBUTORS LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

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,

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.

Tuesday, March 7, 2023 Page 1 of 1

COVER LETTER

	ew Filing Sec ivision of Co				
SHRIFCT	FBS GLO	BAL DISTRIBUTORS LL	C.		
SOBJECT	•	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.		
Please retur	rn all correspo	ondence concerning this ma	tter to the following:		
	Ma. Eugenia	a Lopez			
		-	Name of Person		
	GAIUS				
			Firm/Company		
	Av. Luis Alberto de Herrera 1248, WTC III, office 258				
			Address		
	(11300) Mo	ntevideo, Uruguay			
	P .750		ity/State and Zip Code	_	
<u> </u>	radiv@incser	·	for future annual report notificati	ion)	
For further in	nformation co	ncerning this matter, please			
-			ea Code Daytime Telephon		
Enclosed is	a check for t	he following amount:			
≣\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ng Address iling Section	Street Address New Filing Section D	ivision	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
FBS GLOBAL DISTRIBUTORS LLC		
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7950 NW 53rd Street	7950 NW 53rd Street	
Suite 337	Suite 337	
Miami, Florida 33166	Miami, Florida 33166	
ARTICLE III - Registered Agent, Registered Office, & Rep The Limited Liability Company cannot serve as its own Regist nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or	
Incorporating Services, Ltc	L.	
Nan	·	
1540 Glenway Drive		
Florida street address (P.O	. Box NOT 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. 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..

State

Tallahassee

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)



ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = A "MGR" = Ma	uthorized Member nager
<u>MGR</u>	
MGR	Ricardo Mirensky 1712 Aspen LN Weston, Fl. 33327
-	
(Use attachme	ent if necessary)
If an effective date is l he date of filing.) <u>Note:</u> If the date inser	e date, if other than the date of filing:
RTICLE VI: Other po	rovisions. if any.
REOUIRED	SIGNATURE: The field.
	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.
	RICARDO MIRENSKY
	Typed or printed name of signee