

L24000 347268

(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



600431048056

RECEIVED  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-13-2024 BY 60322

2024 AUG 13 PM 1:52

RECEIVED

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 08/13/2024

Acc#120160000072

*en: c DW*

|             |                      |
|-------------|----------------------|
| Name:       | FCRB Investments LLC |
| Document #: |                      |
| Order #:    | 15818253             |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

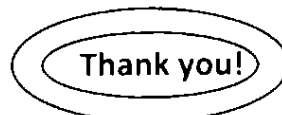
|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notification

|  |
|--|
|  |
|--|

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|                   |
|-------------------|
| Amount: \$ 180.00 |
|-------------------|



**ARTICLES OF DOMESTICATION  
OF  
FCRB INVESTMENTS LIMITED  
FROM A NON-UNITED STATES ENTITY  
TO A FLORIDA LIMITED LIABILITY COMPANY**

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. FCRB Investments Limited (hereinafter called the "FCRB") was first formed on April 7<sup>th</sup>, 2017 in the jurisdiction of the British Virgins Islands.

2. The name of the entity, a non-United States Entity, immediately prior to the filing of this Articles of Domestication is FCRB Investments Limited.

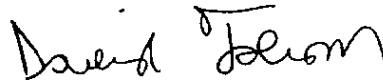
3. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to Section 605.0201 of the Florida Statutes.

4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was British Virgins Islands.

5. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.

6. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3), Florida Statutes.

I am authorized to sign these Articles of Domestication on behalf of the entity.



David Tobon  
Incorporator

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FCRB Investments LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

c/o Becker Glynn Muffly LLP  
299 Park Avenue, 16th Floor  
New York, NY 10171

#### Mailing Address:

c/o Becker Glynn Muffly LLP  
299 Park Avenue, 16th Floor  
New York, NY 10171

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

Fernando Musa

Name

18501 Collins Avenue, Unit 2203

Florida street address (P.O. Box **NOT** acceptable)

Sunny Isles Beach

FL 33160

City

Zip

*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)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Fernando Musa

c/o Becker Glynn LLP 299 Park Avenue, 16th Fl.

New York, NY 10171

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

**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.

Fernando Musa

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**