M19000000636

(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: Shari gave permission to update wante
mane must match and W19000054019

Office Use Only



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US/23/19--01015--008 **130.00



alfina.



June 26, 2019

WILLIAM BOESCH 9560 W GULF BLVD TREASURE ISLAND, FL 33706

SUBJECT: F&B INVESTMENTS, LLC.

Ref. Number: W19000054019

We have received your document for F&B INVESTMENTS, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 719A00012898



June 5, 2019

WILLIAM BOESCH 9560 W GULF BLVD TREASURE ISLAND, FL 33706

SUBJECT: F&B INVESTMENTS, LLC.

Ref. Number: W19000054019

We have received your document for F&B INVESTMENTS, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P18000083100.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 619A00011263

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JUN 2 1 2019

www.sunbiz.org

Division of the second of the

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: FAB II	Westments, L	ted Liability Company	
	Name of Limi	ted Liability Company	
			Business in Florida," Certificate of pany to transact business in Florida.
Please return all correspondence co	ncerning this matter to the follo	owing:	
W/19	iAM BOESCH	of Person	
FAB	TNEST MEN	K, LLC	
	Firm/0	Company	
9560	W GOIF BI	UD .	
_	Ac	ldress	
TREA	SULEISLAN	D, FLOKID, and Zip Code	A 33706
Cargo	MISTICS. 7 & Email address: (to be used for	forure annual report notificat	ion)
For further information concerning	this matter, please call:		
Shari Co	her at	108 62	7-8548
Name of	Contact Person	Area Code Daytime	Telephone Number
MAILING ADDRESS: Division of Corporations		STREET ADI Division of Co	
Registration Section		Registration Se	•
P.O. Box 6327		Clifton Buildin	
Tallahassee, FL 32314		Tallahassee, F	e Center Circle L 32301
Enclosed is a check for the Please make check payable	following amount: e to: FLORIDA DEPARTME	NT OF STATE	
\$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: FOLB	INVESTMENTS, L	-C	
	Name of Limi	ted Liability Company	
The enclosed "Application by Existence, and check are subm	Foreign Limited Liability Company itted to register the above referenced	for Authorization to Transact Busines: I foreign limited liability company to t	s in Florida," Certificate of transact business in Florida.
Please return all corresponden	ce concerning this matter to the follo	wing;	
\underline{w}_{l}	MIAM BOESCH)	
	Name	of Person	3
Fas	B INFEAMENT	K, LLC	<u> </u>
	Firm/C	Company	
9560	OW GOLF BL		5
	Ad	ldress	
TRE	ASULEISLAN	ID, FLOKIDA 3 and Zip Code	33706
1.	•	•	
_carg	Final address: (to be used for	feature annual report notification)	
For further information concer	ming this matter, please call:		
Sharic	Ohen at	103, 627-8	3548
Nan	ne of Contact Person	Area Code Daytime Telephon	ne Number
MAILING ADDRES		STREET ADDRESS:	
Division of Corporati Registration Section	ons	Division of Corporation Registration Section	15
P.O. Box 6327		Clifton Building	
Tallahassee, FL 3231	4	2661 Executive Center Tallahassee, FL 32301	Circle
	or the following amount: Ayable to: FLORIDA DEPARTME	NT OF STATE	
\$125.00 Filing Fo	· _	□ \$155.00 Filing Fee & □ \$16	60.00 Filing Fee, Certificate Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT BU	TION 605.0902 FLORIDA STATUTES, TE ISINESS IN THE STATE OF FLORIDA: Limited Liability Company; must include "L			OREIGN LIMITIED I.A.	BILTIY
_	ESTINENTS OF VILLE are adopted for the purpose of transacting business			pany," "L.L.C," or "LL.C,")	
1.4	A high foreign limited liability company is organized)		-4694066 (PEI number, if appl		
4	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	or to registration.) etermine penalty liability)			
5. 9560 (Street Address of	MGULF BILLD	6	SAME (Mailing Address)		
TREASI	REISLAND, FI	_			
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acceptabl	e)	100	Τį
Name:	William BOB	58H		PA	
Office Address:	4560 WGUH		22704		
Registered agent's accep	TREASURE I.		(Zip wit)		
Having been named as red designated in this applica- to comply with the provis	rainte. gistered agent and to accept service tion, I hereby accept the appointme tions of all statutes retaine to the pri- s of my position as registered agent.	ht as registered ager oper and complete p	it and agree to act in this	capacity. I further	agree
	(Registered as	rent's signature)			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: WilliAM BOESC Manager Manager Name: Address: 9560 W GUIFBA Member Member Address: **X**Authorized Authorized Person Person Other Other Other Other____ Manager Member ☐ Member Address: MAuthorized Authorized Person Person Other_ Other Other Other____ Manager Name: Name: Address: _____ Member Address: _____ ☐ Member Authorized Authorized Person Person Other___ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section (05.02) (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. Signature of an authorized person

Typed or printed name of signee

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That F&B Investments, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 10, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: May 14, 2019

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1905146192