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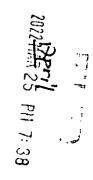
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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S. FRANKLIN MAY 1 2 2022

COVER LETTER

	Registration Section Division of Corporations					
SUBJECT	r: FBG LLC					
	Name of Limited Liability Company					
		mpany for Authorization to Transact Business in Florida erenced foreign limited liability company to transact bus				
Please retu	urn all correspondence concerning this matter to t	he following:				
	Ricardo Vegas					
		Name of Person	-			
	FBG LLC		202			
Firm/		Firm/Company	# \$			
	8757 N.W. 35 th Lane		25			
	Address					
	Doral, FL 33172		77:3			
	City	/State and Zip Code	- ထိ			
	rv@blendplants.co	om				
	•	sed for future annual report notification)	_			
For further	r information concerning this matter, please call:					
	Ricardo Vegas	at (305) 300-8980				
_	Name of Contact Person	Area Code Daytime Telephone Number	-			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
P	inclosed is a check for the following amount: lease make check payable to: FLORIDA DEPA S125.00 Filing Fee S130.00 Filing Fee & Certificate of S	& □ \$155.00 Filing Fee & X \$160.00 Filing Fee	, Certificate rtified Copy			

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

	TION 605.0902, FLORIDA STATUTES, THE FOLLOW SINESS INTHE STATE OF FLORIDA:	VING IS SUBMITTED TO REGISTER A FOREIGN I	'AMITED LIABILITY
1. FBG LL			
_	Limited Liability Company; must include "Limited Liabil D PLANTS LLC	ity Company," "L.L.C.," or "LLC.")	
	ame adopted for the purpose of transacting business in Florida, T	he alternate name must include "Limited Liability Company," "L	-L.C," or "LLC.")
Delaware	•	32-0648919	
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	(FEI number, if applicable)	
4.			
	(Date first transacted business in Florida, if prior to registrat (See sections 605.0904 & 605.0905, F.S. to determine penal	on.) ty liability)	•
_{5.} 8757 N.W.	35 Th Lane	8757 N.W. Th Lane 🚆	, , , ,
(Street Address of Principal Office)		(Mailing Address)	71.
Doral FL 33172		Doral FL 33172	25
			P
		<u>.</u>	<u>∵</u>
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	_acceptable)	
Name:	Ricardo Vegas		
Office Address:	8757 N.W. 35th, Lane		
	Doral	. Florida 33172	
	(City)	(Zip code)	
designated in this applicat to comply with the provision	tance: gistered agent and to accept service of proces ion, I hereby accept the appointment as regis ons of all statutes relative to the proper and c of my position as registered agent.	stered agent and agree to act in this capacity.	I further agree
	(Registered agent'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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Marco Andre Biglieri Ricardo Vegas Manager □Manager Address: 8757 N.W. 35th Lane Address: Via Categnato 19 Member ☐ Member Doral, FL 33172 Rodengo Saiano, Italy ☐ Authorized ☐ Authorized Person Person ☐ Other_____ ☐Other___ Other Other ____ Name: Paolo Leonardo Biglieri □Manager □Manager Address: Via Categnato 19 **₩**Member ☐ Member Address: __ Rodengo Saiano, Italy ☐ Authorized ☐ Authorized Person Person □Other Other □Other □Other Name: □Manager Name: _____ □Manager 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 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. Signature of an authorized person

Ricardo Vegas

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FBG LLC" IS DULY FORMED UNDER THE LAWS

OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

EIGHTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FBG LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5 PH 7: 38

Authentication: 203135028

Date: 04-08-22