

Q21500000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

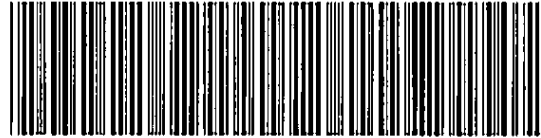
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/21/21--01001--022 \*\*43.75

FLORIDA

2021 DEC 20 PM 4:51

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2021 DEC 20 PM 1:38

APPROVED  
AND  
FILED

Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Fl Properties Limited  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☒ Other RA Designation

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **FI Properties Limited**  
(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization, Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Laura Batho**

(Name of Person)

**FI Properties Limited**

(Firm/Company)

**2nd Floor Gaspé House, 66-72 Esplanade**

(Address)

**St Helier, Jersey, Channel Islands, JE1 1GH**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Laura Batho**

(Name of Person)

at **+44 1534714473**

(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

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION,  
FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER**

PURSUANT TO SECTION 607.0505, 655.0201, OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. FI Properties Limited  
(Name of alien business organization, financial institution or telehealth provider)
2. Jersey, Channel Islands 3. \_\_\_\_\_  
(State or country under which entity is organized) (FEI Number, if applicable)
4. 2nd Floor Gaspe House, 66-72 Esplanade, St Helier, Jersey, Channel Islands, JE1 1GH  
(Principal office address)

5. Name and Florida Street address of registered agent.

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7.   
(Signature of chairman, vice chairman, or officer)

8. FOR AND ON BEHALF OF ICEG (NTC) SERVICES LIMITED AS A CORPORATE DIRECTOR  
OF FI PROPERTIES LIMITED  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: Denise Bell

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.*

C T Corporation System, Denise Bell Assistant Secretary  
(Registered agent accepting appointment)

12/17/2021  
(Date)

**THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT  
AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN  
THE STATE OF FLORIDA.**

**FILING FEE \$35**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**

INHS80 (4/20)

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA