RI SOS Filing Number: 202189053550 Date: 2/1/2021 2:36:00 PM



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Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned		
applies for a Certificate of Registration to transact business in purpose submits the following statement:	n the State of Knode Island, and	o for that
The name of the limited liability company is:		
FGS DESIGN, LLC		
Is this company organized in its state or country of formation	n as a low-profit limited liability of	company? Yes No 🗹
The name, if different, under which it proposes to register ar	nd transact business in Rhode I	sland is:
The LLC is organized under the laws of: Florida		
3. The date of its organization is: 06/23/2015		
And the period of its duration is CHECK ONE BOX ONLY		
Perpetual (on-going)		
Date certain for dissolution		_
4. The name and address of the resident agent/office in Rho	ode Island is:	
Agent Name Francisco G Sanchez		
Street Address (NOT a P.O. Box) 350 Broadway, Unit 3		
City/Town Newport	State	Zip Code 10128
	RHODE ISLAND	
5. The purpose or purposes which it proposes to pursue in t	he transaction of business in RI	node Island are:
Architectural Services		
	A 1 - 1 - 1	
	Check the b	ox to indicate an attachment

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

STAMP

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FORM 450 - Revised: 08/2020

	d the agent of the foreign limited liability company for resident agent cannot be found or served following.			
7. The address of the office required to be if not so required, of the principal office of 3326 Mary Street Suite 602 Miami FL 331		on by the laws of that state or,		
8. The mailing address for the limited liability company is:				
350 Broadway, Unit 3 Newport RI 10128	ny company is.			
9. Management of the Limited Liability Co.	mpany:	·		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
☑ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC FGS Design LLC		Date 02-01-2021		
Signature of Authorized Person				

State of Florida Department of State

I certify from the records of this office that FGS DESIGN, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 23, 2015.

The document number of this limited liability company is L15000108648.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on February 1, 2021, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of February, 2021



Secretary of State

Tracking Number: 9591096618CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



Board of Examination and Registration of Architects State of Rhode Island and Providence Plantations



BE IT KNOWN THAT

FGS Design Ilc

qualifications required by law is hereby authorized to practice having given satisfactory evidence of having the

Architecture as a Limited Liability Company

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 20631

Issued: 12/20/2020

Expires: 12/31/2022

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Vice-Chair

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 01, 2021 02:36 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

