

L05000099519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

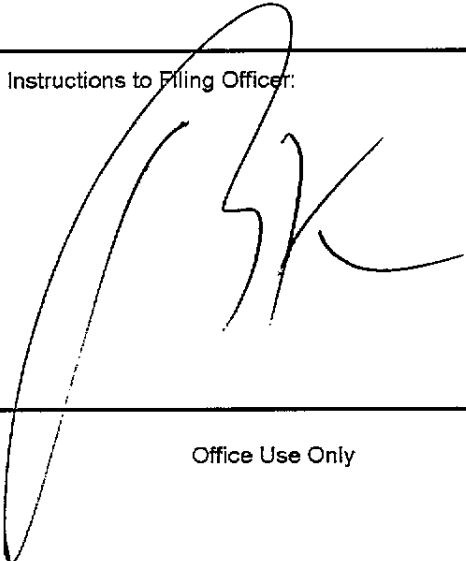
PICK-UP     WAIT     MAIL

(Business Entity Name)

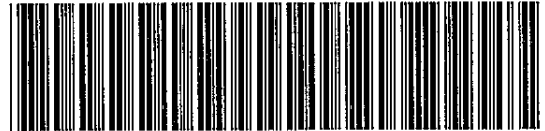
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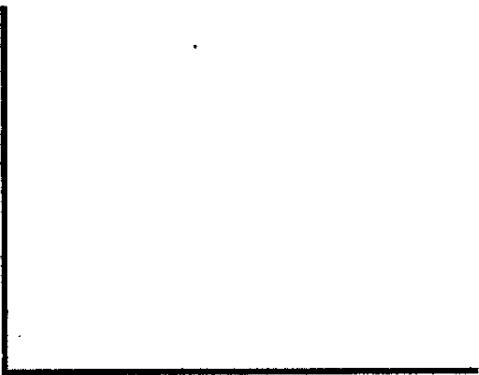
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05 OCT 10 PM 4:30  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
INVESTMENT REGULATIONS  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**



Office Use Only

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

1. VNOOCHO LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

FILED  
OCT 10 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Walk in

Pick up time 2.00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

Other

**AMENDMENTS**

Amendment

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

**OTHER FILINGS**

Annual Report

Fictitious Name

**REGISTRATION/QUALIFICATION**

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UNOOCHO LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," "LLC."

**ARTICLE II - Address:**

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

**Principal Office Address:**

2000 SOUTH BAYSHORE DR # 13  
MIAMI FLORIDA 33133

**Mailing Address:**

2000 SOUTH BAYSHORE DR # 13  
MIAMI FLORIDA 33133

05 OCT 10 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

BENE RIBEIRO

Name

2000 SOUTH BAYSHORE DR # 13

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

MIAMI FLORIDA 33133 FL

City, State, and 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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

REINALDO CREPALDI KLEPACZ

Rua Sergipe # 475-11 And

Sao Paulo, SP Brazil

MGRM

SUSANA KLEPACZ

Rua Sergipe # 475-11 And

Sao Paulo, SP Brazil

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 21, 2005. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

 \_\_\_\_\_  
(X) \_\_\_\_\_

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Reinaldo Crepaldi Klepacz

Typed or printed name of signee