

L10000003629

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000007629 3))



H100000076293ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 AM 8:09

FILED

RECEIVED

10 JAN 12 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

brahma usa, llc.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H10000007629

ARTICLES OF ORGANIZATION OF BRAHMA USA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be: **BRAHMA USA, LLC.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2199 Ponce De Leon Blvd., Suite 300, Coral Gables, FL 33134.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV - REGISTERED AGENT

(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 street address of the initial registered agent are:

Giorgio L. Ramirez, Esq.
3162 Commodore Plaza, Unit 3A/B
Coconut Grove, FL 33133

FILED
10 JAN 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 heroby 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 609, F.S.

Registered Agent's Signature

H10000007629

H10000007629

ARTICLE V - MANAGER OR MANAGING MEMBER(S)

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

MGRM Integral Solutions Investors, LLC.
2199 Ponce De Leon Blvd., Suite 300
Coral Gables, FL 33134

MGR Luis Ricardo Mazza
2199 Ponce De Leon Blvd., Suite 300
Coral Gables, FL 33134

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 here are true.)

Mauro Turman as Manager Integral Solutions Investors, LLC.

Luis Ricardo Mazza

FILED
10 JAN 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000007629