Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. EURO MERCOSUR INVESTMENTS LLC

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Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EURO MERC	OSUR INVESTMENTS LLC
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	,
The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13961 SW 122 AVE STE 301	13981 SW 122 AVE STE 301
MIAMI, FL 33188	MIAMI, FL 33188
ARTICLE III - Registered Agent R	Printered Office & Resistant Ament's Signature
ARTICLE III - Registered Agent, R (The Limited Liability Company common serve so in business entity with an active Florida registration.	Registered Office, & Registered Agent's Signature: Fown Registered Agent. You must designate an individual or another
(The Limited Liability Company comes serve as its	nown Registered Agent. You must designate an individual or another
(The Limited Liability Company common serve so in business entity with an active Florida registration. The name and the Florida street address	s own Registered Agent. You must designate an individual or another
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(The Limited Liability Company common serve so in business entity with an active Florida registration. The name and the Florida street address E	sown Registered Agent. You must designate an individual or another ss of the registered agent are: EDWARD BOUSTANI Name
(The Limited Liability Company commot serve so to business entity with an active Florida registration. The name and the Florida street address E 13 Florid	sown Registered Agent. You must designate an individual or another ss of the registered agent are: EDWARD BOUSTANI Name 1961 SW 122 AVE SUITE 301

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

LE V: Effective date, if other than the date of filing: (OPTIO flective date is listed, the date must be specific and cannot be more than five bus or 90 days after the date of filing.)	<u>Title:</u>	Name and Address:
MGR EDWARD BOUSTANI 13951 SW 122 AVE STE 301 MIAMI, FL 33188 MGR ANDREA O. BOUSTANI 13961 SW 122 AVE STE 301 MIAMI, FL 33186 MGR SEVERINA CONCALVES OLIVSIRA 13961 SW AVE STE STE 301 MIAMI, FL 33186 Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTION Teerive date is listed, the date must be specific and cannot be more than five buse or 90 days after the date of filing.) SEQUENCED SIGNATURE: (In accordance with section 60R,40R3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true. 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.) EDWARD BOUSTANI Typed or printed name of signes		
MIGR ANDREA O. BOUSTANI 13961 SW 122 AVE STE 301 MIAMI, FL 33186 MIGR SEVERINA CONCALVES OLIVEIRA 13961 SW AVE STE STE 301 MIAMI, FL 33186 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO) RECULRED SIGNATURE: (In accordance with section 6(18,408(3)), Florida Statutes, the execution of this document constitutes an affirmation under the persities of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felory as provided for in s.817.155, F.S.) EDWARD BOUSTANI Typed or printed name of signes	"MGRM" = Managing Mcmb	c r
MAMI. FL 33188 ANDREA O. BOUSTANI 13961 SW 122 AVE STE 301 MIAMI. FL 33186 MIGR SEVERINA CONCALVES OLIVEIRA 13981 SW AVE STE STE 301 MIAMI. FL 33486 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO Feetive date is listed, the data must be specific and cannot be more than five bus or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the perialities of perjuty that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felonty as provided for in s.817.155, F.S.) EDWARD BOUSTANI Typed or printed name of signes	MGRM	EDWARD BOUSTANI
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13961 SW 122 AVE STE 301 MIAMI, FL 33186 SEVERINA CONCALVES OLIVEIRA 13961 SW AVE STE STE 301 MIAMI, FL 33'86 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO fective date is listed, the date must be specific and cannot be more than five bus or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 618,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the perialties of perjury that the facts stated heroin are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felow as provided for in s.817.155, F.S.) EDWARD BOUSTANI Typed or printed name of signes		MIAMI, FL 33188
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SEVERINA CONCALVES OLIVEIRA 13961 SW AVE STE STE 301 MIAMI, FL 33466 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO fective date is listed, the date must be specific and cannot be more than five bus or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 60R.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felowy as provided for in s.817.155, F.S.) EDWARD BOUSTANI Typed or printed name of signes	 _	13961 SW 122 AVE STE 301
Use attachment if necessary) E. V.: Effective date, if other than the date of filing: [OPTIO] Signature of a member or an authorized representative of a member. (In accordance with section 6(R.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true. I am aware that my 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.) EDWARD BOUSTAN! Typed or printed name of signes		MIAMI, FL 33186
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