

L14000011450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

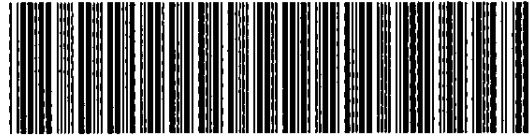
(Business Entity Name)

(Document Number)

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

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14 JAN 15 11:40:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
1/15/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prudent Inwestimentos LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dennis Klemming  
Name of Person

Prudent Inwestimentos LLC  
Firm/Company

1900 Purdy Avenue, Apt 2007  
Address

Miami, Florida 33139  
City/State and Zip Code

klemming1@gmail.com  
E-mail address: (to be used for future annual report notification)

14 JAN 15 PM 4:00  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dennis Klemming at (305) 764 9400  
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee   
  \$130.00 Filing Fee & Certificate of Status   
  \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)   
  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street/Courier Address**  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prudent Inwestimentos LLC

(Must end with the words "Limited 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:

1111 Kase Concourse  
Suite 518  
Bay Harbor Islands FL 33154

1900 Purdy Avenue, Apt 2007  
Miami, Florida 33139

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:

Dennis ~~Isaac~~ Klemming

Name

Miami 1900 Purdy Avenue, Apt 2007

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

Miami FL 33139

City

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 605, F.S.

Dennis Klemming  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN 15 09 40  
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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Dennis Klemming  
1900 Purdy Avenue  
Miami Beach, FL 33159

MGR

Giovanni Cataldi  
Alameda Juca Batista No 8000  
Casa 1221 Belem Novo Porto Alegre  
RS, Brazil

\_\_\_\_\_

MGR

Edivaldo Lacerda de Albuquerque  
Rua Dom Constantino Barradas No 33  
Casa 4, Sao Paulo, SP 04134-110  
Brazil

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 15 January 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Dennis Klemming

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties 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 felony as provided for in s.817.155, F.S.)

Dennis Klemming

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
14 JAN 15 10 40 AM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE