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FLORIDA LIMITED LIABILITY CO.
R.R.F. USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

AUG 12 2014
D. BRUCE

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

ARTICLE I

The name of the Limited Liability Company is:

R.R.F. USA, LLC

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

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ARTICLE II

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

Principal Office Address:
3267 COCOPLUM CIRCLE UNIT 3340
COCONUT CREEK, FL 33063

Mailing Address
3267 COCOPLUM CIRCLE UNIT 3340
COCONUT CREEK, FL 33063

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:

R&P ACCOUNTING & TAXES INC
Name

200 SE 1ST STREET SUITE 604

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

MIAMI, FL. 33131
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 605, F.S

X _____

Registered Agent's Signature (REQUIRED)

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STATE OF FLORIDA

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

R.R.F. USA, LLC

ROSANGELA M. LARA
3267 COCOPLUM CIRCLE UNIT 3340
COCONUT CREEK, FL 33063

MANAGER MEMBER

RAFAELA LARA CARVALHO LAURIA
3267 COCOPLUM CIRCLE UNIT 3340
COCONUT CREEK, FL 33063

MANAGER MEMBER

FABRICIO LARA CARVALHO
3267 COCOPLUM CIRCLE UNIT 3340
COCONUT CREEK, FL 33063

MANAGER MEMBER

STATE OF FLORIDA
HALL COUNTY

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ARTICLE V

*Effective date, if other than the date of filing (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 [Handwritten Signature]
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.)*

ROSANGELA M. LARA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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