

L14 000146843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

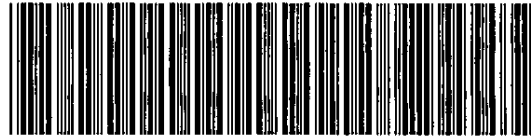
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300264260953

09/15/14--01032--006 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 15 AM 10:21

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ferrari of America, 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:

Bruno Portigliatti
Name of Person

Firm/Company

5950 Lakehurst Drive, Suite 182
Address

Orlando, FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Bruno Portigliatti at (407) 492-2782
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Ferrari of America, 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: 5950 Lakehurst Drive, Suite 182
Orlando, FL 32819

Mailing Address: 5950 Lakehurst Drive, Suite 182
Orlando, FL 32819

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.)

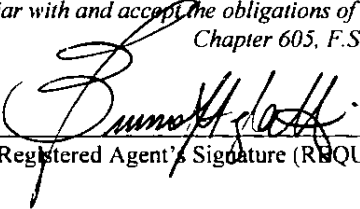
The name and the Florida street address of the registered agent are:

Bruno Portigliatti
Name

8812 Elliotts Court
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32836
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 SEP 15 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Samoel Happel

5950 Lakehurst Drive, Suite 182

Orlando, FL 32819

MGRM

Anthony Portigliatti

5950 Lakehurst Drive, Suite 182

Orlando, FL 32819

AMBR

Claudio Mafra

5950 Lakehurst Drive, Suite 182

Orlando, FL 32819

AMBR

Nailson Ramos

5950 Lakehurst Drive, Suite 182

Orlando, FL 32819

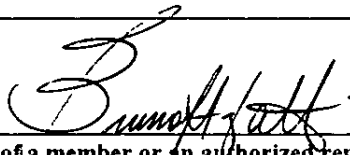
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/07/2014 (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:



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.)

Bruno Portigliatti

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 SEP 15 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida Limited Liability Company Articles of
Organization**

Ferrari of America, LLC

Title	Name	Address:
AMBR	Augusto Gruber	5950 Lakehurst Drive, Suite 182 Orlando, FL 32819
AMBR	Valdir Rocha	5950 Lakehurst Drive, Suite 182 Orlando, FL 32819
AMBR	Vilmar Rocha	5950 Lakehurst Drive, Suite 182 Orlando, FL 32819
AMBR	Ivonir Edson Espich	5950 Lakehurst Drive, Suite 182 Orlando, FL 32819

Authorized Representative of Members:



Bruno Portigliatti