

# L16000191724

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

**\*\*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 LIMITED LIABILITY CO.  
BEST2INVEST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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16 OCT 18 AM 7:43  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

N. SAMS  
OCT 19 2016

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST2INVEST 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:

3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065

3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065

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:

ACCOUNTANT & MANAGEMENT, INC.

Name

1549 NE 123RD ST

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

MIAMI

FLORIDA

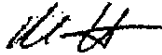
33161

City

State

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)

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**ARTICLE IV.**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>RP2 INVEST CORP</u> <u>3111 N UNIVERSITY DR STE 105</u> <u>CORAL SPRINGS, FL 33065</u>
<u>AMBR</u>	<u>MAGB CORP</u> <u>3111 N UNIVERSITY DR STE 105</u> <u>CORAL SPRINGS, FL 33065</u>
<u>AMBR</u>	<u>MOOCA INVEST CORP</u> <u>3111 N UNIVERSITY DR STE 105</u> <u>CORAL SPRINGS, FL 33065</u>
<u>AMBR</u>	<u>N.L.P. ENTERPRISE INVESTMENT GROUP CORP</u> <u>5794 BIRD RD STE 228</u> <u>MIAMI, FL 33155</u>

(Use attachment if necessary)

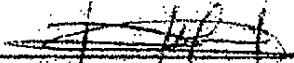
**ARTICLE V:** Effective date, if other than the date of filing: 10/13/2016 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

  
 Signature of a member or an authorized representative of a member.  
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 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.

RENATO DE JESUS MADEIRA  
Typed or printed name of signer

PLEASE SEE ATTACHEMENT FOR ADDITIONAL PARTNERS

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Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

Name and Address:

RENATO DE JESUS MADEIRA  
3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065

MGR

MARCELO BARBOSA ROSALEN  
3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065

MGR

ANDRE GALLEG0 AUGUSTO  
3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065

MGR

PEDRO H BARRETO NORONHA  
3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065



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