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FLORIDA LIMITED LIABILITY CO.  
CALCADOS D'LUNA, LLC.

Certificate of Status	0
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March 31, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: CALCADOS D'LUNA, LLC  
REF: W17000027552

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

If you have any further questions concerning your document, please call (850) 245-6052.

Catherine M Wood  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H17000087530  
Letter Number: 117A00006195

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**CALÇADOS D'LUNA, LLC.**

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

**ARTICLE II**

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

**Principal Office Address  
7131 GRAN NATIONAL DR. SUITE # 103  
ORLANDO, FL 32819**

**Mailing Address  
7131 GRAN NATIONAL DR. SUITE # 103  
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:*

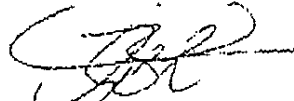
**ECCO PLANET USA, LLC**

*Name*

**7131 GRAN NATIONAL DR. SUITE #103**  
*Florida Street address (P.O. Box NOT acceptable)*

**ORLANDO, FL 32819**  
*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)**

**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:**

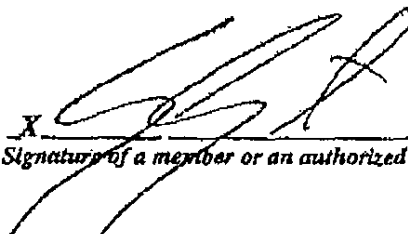
**Title:**

<b>CALÇADOS D'LUNA, LLTDA</b> Rod. RS 239, km 71,600 bairro santo Antonio Rolante, 95690-000 BRAZIL	<b>MANAGER</b>	<b>51%</b>
<b>ANA LUCIA TIMMEN SCHMIDT</b> 7131 Gran National Dr. Suite # 103 Orlando, FL 32819	<b>MANAGER</b>	<b>25%</b>
<b>GUSTAVO TIMMEN SCHMIDT</b> 7131 Gran National Dr. Suite # 103 Orlando, FL 32819	<b>MANAGER</b>	<b>8%</b>
<b>GERALDO JOSE SCHMIDT</b> 7131 Gran National Dr. Suite # 103 Orlando, FL 32819	<b>MANAGER</b>	<b>8%</b>
<b>GUILHERME TIMMEN SCHMIDT</b> 7131 Gran National Dr. Suite # 103 Orlando, FL 32819	<b>MANAGER</b>	<b>8%</b>

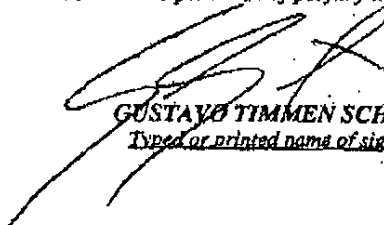
**ARTICLE V**

*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 \_\_\_\_\_  
*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.)*

  
**GUSTAVO TIMMEN SCHMIDT**  
*Typed or printed name of signee*

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REC'D  
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10:02  
AM