

L1910000177666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

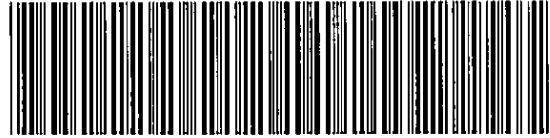
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

R KEMPLE

JUL 22 2019



400330236604

FILED  
19 JUL 19 AM 11:34  
TALLAHASSEE, FL 32301

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 7/19/19

**NAME:** BLUE WIND TECHNOLOGY LLC

**TYPE OF FILING:** ARTICLES

**COST:** 125.00

**RETURN:** PLAIN COPY PLEASE

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Attodge*

2019 JUL 19 PM 4:41  
Tallahassee, FL

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

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

BLUE WIND TECHNOLOGY LLC

**ARTICLE II      ADDRESS**

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

848 BRICKELL AVENUE, STE 200

MIAMI, FLORIDA 33131

**ARTICLE III      REGISTERED AGENT**

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

BP TAX ADVISORY LLC

848 BRICKELL AVENUE, STE 200

MIAMI, FLORIDA 33131

*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   
\_\_\_\_\_  
BRUNO PEIXOTO / Registered Agent's signature

FILED  
19 JUL 19 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

LOUZADA CARPENA OVERSEAS INVESTMENTS LTD.  
2ND FLOOR, PINEAPPLE PLACE  
BERNARD ROAD, PO BOX N-8339  
NASSAU BS

AUTHORIZED MEMBER

IVAN LUIZ WAGNER DE ALMEIDA  
R. JARY, 671 AP 1.102 - PASSO D'AREIA  
PORTO ALEGRE - RA 91350-170 BR

AUTHORIZED MEMBER

GUSTAVO LITVIN ZUCKERMANN  
R CAMPOS SALES 335 AP 302 A - AUXILIADORA  
PORTO ALEGRE - RS 90480-030 BR

X   
IVAN LUIZ WAGNER DE ALMEIDA / Authorized Representative's  
signature

*(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.)*

19 JUN 19 11:30 AM  
FILED