3-Mar-2022 10:57

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350)617-6381

From:

Account Name : SJ LAW GROUP PLLC
Account Number : 120180000047
Phone : (305)878-1516
Fax Number : (786)542-5995

| . 1 | | | | address | | | | | | | | | | |
|-----|----|------|-------|----------|-----|-------|------|-----|-------|-----|------|-----|------|-----|
| _ | an | nual | repor | t mailin | gs. | Enter | only | one | email | add | ress | ple | ase. | * * |

Email Address:

FLORIDA LIMITED LIABILITY CO. JADE IMPORTS LLC Jacob

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

Imports II

25

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COVER LETTER

| | New Filing Section Division of Corporations | | |
|-----------------|--|-----------|---|
| SUBJEC | JADE INTERNATIONAL IMPORTS LLC | | |
| 300320 | Name of Limited Liability Company | | |
| The enclo | osed Articles of Organization and fec(s) are submitted for filing. | | |
| Please ret | turn all correspondence concerning this matter to the following: | | |
| | JOAO PEDRO VOLZ | | |
| | Name of Person | | |
| | VDT CORPORATE SERVICES LLC | | |
| | Firm/Company | | |
| | 150 SE 2ND AVE SUITE 905 | | |
| | Address | | |
| | MIAMI, FL 33131 | | |
| | City/State and Zip Code MANAGEMENT@SAINTJOSEPHGROUP.COM | | |
| | E-mail address: (to be used for future annual report notification) | | |
| For further | information concerning this matter, please call: | | |
| | JOAO PEDRO VOLZ 305 503-9867 | 202 | |
| | Name of Person Area Code Daytime Telephone Number | 2022 HAR | 7 |
| Enclosed | is a check for the following amount: | ယ် | 1 |
| ₹ 125.00 | Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) | AM II: 15 | |

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

| ARTICLES OF ORGANIZATION FOR FLO | ORIDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is: | |
| JADE INTERNATIONAL IMPORTS LLC | |
| | FDD C |
| (Must contain the words "Limited Liab | onity Company, "L.L.C.," or "LLC.") |
| | |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal offic | e of the Limited Liability Company is: |
| | |
| Principal Office Address: | Mailing Address: |
| 150 SE 2ND AVE SUITE 906 | 150 SE 2ND AVE SUITE 906 |
| MIAMI, FL 33131 | MIAMI, FL 33131 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re | gistered 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 ag | gent arc: |
| VDT CORPORATE SERVICE | CESILC |
| <u> </u> | Name |
| 150 SE 2ND AVE SUITE 90 | 05 |

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

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

MIAMI
FL 33131

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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|---|----|----|---|-----|-----|
| | | | | | |

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

| Title: | | Name and Address: | | |
|--|--|--|-------------------------|------------------------|
| | authorized Member | | | |
| "MGR" = Mi | inager | IPAN ALVEC COELUO | | |
| MGK | | JEAN ALVES COELHO | | |
| | | 150 SE 2ND AVE SUITE 906 | | |
| | | MIAMI, FL 33131 | | |
| MGR | | FERNANDO DE CARVALHO PORTO | | |
| | | 150 SE 2ND AVE SUITE 906 | | |
| | | MIAMI, FL 33131 | | |
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| TICLE V: Effection effective date is late of filing.) e: If the date inseducement's effective Cicle VI: Other page 1 | re date, if other than the date of filing listed, the date must be specific a rted in this block does not meet the ve date on the Department of State provisions, if any. | nd cannot be more than five business days prior t applicable statutory filing requirements, this date | o or 90 da | listed as |
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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)

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