

From:

Division of Corporations

06/07/2013 15:57:57 001/003

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2013 JUN -7 AM 09:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
N3 Capital Partners LLC**

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

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TALLAHASSEE, FLORIDA

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From:

06/07/2013 15:51

#579 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

N3 Capital Partners 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:

116 WEST 45 STREET SUITE 806
NEW YORK, NY 10038

Mailing Address:

116 WEST 45 STREET SUITE 806
NEW YORK, NY 10038

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

155 Office Plaza Drive, 1st Fl.

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

TALLAHASSEE FL 32301

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 608, F.S.

Asst. Secretary, Jose Mojica

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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06/07/2013 15:51

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Marcio Valerio Sant'Anno

Rua Funchal 418, 25 andar, Vila Olimpia

São Paulo, SP 04551-060, Brazil

MGRM

Paulo Roberto Duarte de Toledo

Rua Funchal 418, 25 andar, Vila Olimpia

São Paulo, SP 04551-060, Brazil

MGRM

José Maurício Eugênio Delfino de Carvalho

Rua Funchal 418, 25 andar, Vila Olimpia

São Paulo, SP 04551-060, Brazil

SECRETARY OF STATE
FALL ANGELES, CALIFORNIA

2013 JUN -7 AM 8:28

(Use attachment if necessary)

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

Ana Maisonave

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ana Maisonave

Typed or printed name of signer

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)