

L15000104130

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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CLERK OF STATE
HALLAS, ALABAMA

6/17/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LFV Finances & Investments LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luiz Felipe Voietta de Rezende

Name of Person

LFV Finances & Investments LLC

Firm/Company

2020 North Bayshore Drive, Suite 3701

Address

Miami, FL 33137

City/State and Zip Code

felipevoietta@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iveta Rietschel

305

775-5294

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

X \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LFV Finances & Investments LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2020 North Bayshore Drive, Suite 3701
Miami, FL 33137

Mailing Address:

2020 North Bayshore Drive, Suite 3701
Miami, FL 33137

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:

A2A Actual Americas Finances & Investments LLC

Name

2020 N Bayshore Drive, Apt 3701

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

Miami

FL

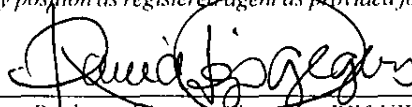
33137

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Owner

Luiz Felipe Voietta de Rezende
Rua Demostenes, 606 apartment 610
Campo Belo
São Paulo, SP Brazil Zip Code 04614-013

MGR

Luiz Eustaquio de Rezende
Rua General Dionisio Cerqueira, 1132 apartment 501
Gutierrez
Belo Horizonte, MG Brazil 30441-058

MGR

Maria Leonor Voietta de Rezende
Rua General Dionisio Cerqueira, 1132 apartment 501
Gutierrez
Belo Horizonte, MG Brazil 30441-058

(Use attachment if necessary)

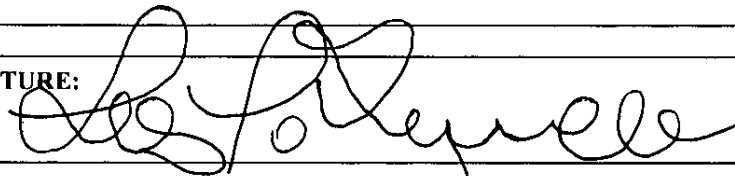
ARTICLE V: Effective date, if other than the date of filing: 02/06/2015. (OPTIONAL)

(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 as 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.

(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.)

Luiz Felipe Voietta de Rezende

Typed or printed name of signee

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA