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Account Number : I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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FLORIDA LIMITED LIABILITY CO. ABELINGS LLC

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Help

ARTICLES OF ORGANIZATION

<u>OF</u>

<u>ABELINGS LLC</u>

A Fiorida LLC

<u>ARTICLE I</u>

NAME. The name and location of the Company shall be:

ABELINGS LLC 5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS. The location of the principal place of business of the Company shall be:

5401 S.KIRKMAN RD STE 135 ORLANDO, FL 32819

ARTICLE III

REGISTERED AGENT The name and location of the registered agent of the Company shall be:

US TAX CONSULTING INC 5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819

ARTICLE IV

BUSINESS PURPOSE. The purpose of the Company will engage in any and all lawful business under the law of the United States of America and the State of Florida.

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LISTING OF AUTHORIZED MEMBERS

Signed and Agreed this 22nd day of August, 2016.

Thomas Hans Beck Abeling

AMBR

Rua Padre Pereira de Audrade 545/52 bl A

Sao Paulo, SP 05469-000 BR

Suzana Menna Barreto B. F. Abeling **AMBR**

Rua Padre Pereira de Andrade 545/52 bl A Sao Paulo, SP 05469-000 BR

Authorized by Member(s) to provide Member Listing as of 22nd day of August, 2016.

Thomas Hans Beck Abeling

Suzana Menna Barreto B. F. Abeling

ARTICLES VI

CAPITAL CONTRIBUTIONS

Pursuant to ARTICLE 2, the Members' initial contribution to the Company capital is stated to be \$1,000.00 The description and each individual portion of this initial contribution are as follows:

NAME	CAPITAL	PERCENT
Thomas Hans Beck Abeling	\$500	50%
Suzana Menna Barreto B, F. Abeliug	\$500	50%

Signed and Agreed this 22nd day of August, 2016.

Thomas Hans Beck Abeling

Suzana Menna Rarreta R. F. Abeling

ACKNOWLEDGMENT

State of Florida

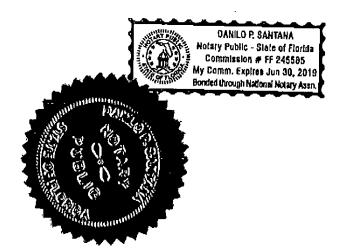
County of Orange

On August 22nd, 2016 before me, Danilo Santana, notary, appeared Thomas Hans Beck Abeling and Suzana Menna Barreto B. F. Abeling personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature_

Notary - Danilo Santana



SEGRETARY OF STATE