11/22/22, 11:54 AM Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

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2022 NOV 22 PM 12:24

FLORIDA LIMITED LIABILITY CO.
3JB BROTHERS CAPITAL GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

3JB BROTHERS CAPITAL GROUP LLC
(Must contain 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:	**Mailing Address:**
Juncal 1378 of 804	Juncal 1378 of 804
Montevideo Uruguay CP 11100	Montevideo Uruguay CP 11100

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:

Registered Agents Inc.
Name

7901 4th Street N. Ste 300
Florida street address (P.O. Box NOT acceptable)

St. Petersburg	FL	33702
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)

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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	
AMBR, MGR	Frederico Jaccoud Bitar Rua Professor Nelson Ribeiro, nr. 92 Apt. 1101 City of Belem State of Para Postal code 66050-420, Brazil
AMBR, MGR	Ricardo Jaccoud Bitar Avenida Pedro Alvares Cabral, nr. 264 Apt. 3201 TE 3 City of Belem State of Para Postal code 66050-400, Brazil
AMBR, MGR	Wagner Jaccoud Bitar Travessa Dom Romualdo de Seixas Umarizal, nr. 296 Apt. 2601 City of Belém State of Para Postal code 66055-200, Brazil

(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.)

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: FREDERICO JACCOUD BITAR: Assinado de forma digital por FREDERICO JACCOUD BITAR 37556053253 Dados: 2022.11.21 07:05:45 -03'00'

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Frederico Jaccoud Bitar
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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