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Florida Department of State

Division of Corporations

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Account Name : ICONNECT SOLUTIONS CORP
Account Number : I20190000122
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FLORIDA LIMITED LIABILITY CO.
ECORI SOLAR ENERGY USA LLC

Certificate of Status	1
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ECORI SOLAR ENERGY USA 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:

EMERSON CORREA
Name of Person

ICONNECT SOLUTIONS CORP
Firm/Company

6735 CONROY ROAD STE 309
Address

ORLANDO FL 32835 US
City/State and Zip Code

CONTACT@ICONNECTSC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA at (407) 863-0096
Name of Person Area Code Daytime Telephone Number

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ECORI SOLAR ENERGY USA 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:**
6735 CONROY ROAD STE 309	6735 CONROY ROAD STE 309
ORLANDO FL 32835	ORLANDO FL 32835

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:

ICONNECT SOLUTIONS CORP
Name

6735 CONROY ROAD STE 309
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32835
City State Zip

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TALLAHASSEE, FLORIDA

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..

Emerson Correa
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	
AMBR	MARCELO JUNQUEIRA MATTOS VON GAL 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US
AMBR	MARCIO HENRIQUE MOLCO 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US
AMBR	TIAGO MARTINS DA SILVA 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US
AMBR	WEBERSON FRIAS DOS SANTOS 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US

(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:

_____
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.

TIAGO MARTINS DA SILVA
Typed or printed name of signee

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	DANIELLE ORTIZ 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US
AMBR	FLAVIO ANDRE MARTINS DA SILVA 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US
AMBR	JOSE ADALBERTO BOTOZELLI 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US
AMBR	LEANDRO MARTINS DA SILVA 6735 CONROY ROAD STE 309 ORLANDO FL 32835 US