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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -9 AM 7:30

LIMITED LIABILITY COMPANY

farfield llc

AL

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FARFIELD LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of
the Limited Liability Company is:801 Brickell Avenue
Suite 1420
Miami, Florida 33131

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a
manager or managers and the name(s) and address(es) of
such manager(s) who is/are to serve as manager(s) is/are:
- ☒ The Limited Liability Company is to be managed by the
members and the names and addresses of the managing
members are:

Eduardo Wanderley Navarro Lins and
Margaret Rodrigues Torres Navarro Lins
801 Brickell Avenue
Suite 1420
Miami, Florida 33131

Prepared by:

STEPHEN A. FREEMAN
Fla. Bar No. 3517692
Freeman Rubenstein, Haber & Potts
525 Brickell Key Drive, D-305
Miami, Florida 33131

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ARTICLE V - Admission of Additional Members:

The members will have the right to admit additional members.

ARTICLE VI - Members Rights to Continue Business:

The remaining members of the limited liability company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

00FEB-9 AM10:00

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Signature of a member or authorized representative of a member.

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

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
Farfield LLC
2. The name and address of the registered agent and office is:

Eduardo Lins
801 Brickell Avenue
Suite 1420
Miami, Florida 33131

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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.



(SIGNATURE)

2/8/2000

(DATE)

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