

03 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
CCT #FCF-14

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CONTACT:

CINDY HICKS

DATE:

6/15/00

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-06/15/00-01063-014
***155.00 ***155.00

REF. #:

0164/12139

CORP. NAME:

ASSUMERE USA, LLC.

W-15275

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

☒ OTHER: ARTICLES OF ORGANIZATION

STATE FEES PREPAID WITH CHECK# 8047 FOR \$ 155.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

Sp

FILED
RECEIVED
JUN 15 PM 11:50
JUN 15 AM 11:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 15, 2000

CCRS

SUBJECT: ASSUMERE USA, LLC
Ref. Number: W00000015275

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We have received your document for ASSUMERE USA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the address for Miriam E. Sabo in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 900A00034306

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TALLAHASSEE, FLORIDA

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00 JUN 16 PM 12:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company (the "Company") is: **ASSUMERE USA, LLC.**

ARTICLE II - Address

The mailing address and, if different, the street address of the principal office of the Company is:
4787 U.S. Highway 192, Kissimmee, FL 34746.

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual unless sooner terminated in accordance with the Operating Agreement.

ARTICLE IV - Management

The Company is to be managed by one Manager or more managers and is, therefore, a manager-managed company, as set forth in the Operating Agreement. The name and address of the initial Managers are:

Fernando Edison Sabo
5550 Brookline Dr.
Orlando, Florida 32819

Miriam E. Sabo
413 Rua Doutor Oscar
Monteiro De Barros
Apt. 81
Sao Paulo, Brazil

ARTICLE V - Registered Agent and Registered Office

The name and street address of the initial registered agent and of the registered office of the Company is:

C. Yanki Sokmensuer, Esquire
AKERMAN, SENTERFITT & EIDSON, P.A.
255 South Orange Avenue
Post Office Box 231
Orlando, Florida 32802-0231

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ARTICLE VI - Admission of Additional Members

Admission of additional members of the Company shall be governed by the Operating Agreement of the Company.

ARTICLE VII - Continuation of Business

Upon 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 Company, the remaining members may continue the business of the Company as provided in the Operating Agreement of the Company.

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

MANAGER

06/08/00

(Date)

By:

Fernando Edison Sabo

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TALLAHASSEE, FLORIDA

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent for ASSUMERE USA, LLC and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

By: 
C. Yanki Sokmensuer, Esquire

06/08/00
(Date)

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TALLAHASSEE FLORIDA