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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

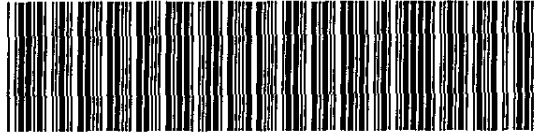
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julio Cesar Passos Da Silva Sr.
(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:

Julio Cesar Passos Da Silva Sr.
(Name of Person)
Julio Cesar Passos Da Silva Sr. LLC
(Firm/Company)
4717 Watkins Ave
(Address)
SARASOTA FLORIDA 34233
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Silva at (941) 809-3587
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Julio Cesar Passos Da Silva Sr., LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4717 Watkins Ave
SARASOTA, FL 34233

Mailing Address:

4717 Watkins Ave.
SARASOTA, FL 34233

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

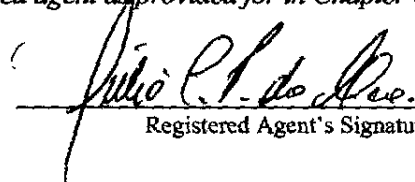
Julio Cesar Passos Da Silva Sr.
Name

4717 Watkins Ave
Florida street address (P.O. Box NOT acceptable)

SARASOTA FLORIDA 34233
City, State, and Zip

SECRETARY OF
TALLAHASSEE
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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 as provided for in Chapter 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Julio Cesar Passos Da Silva Sr.
4717 Watkins Ave.
SARASOTA, FL. 34233

MGR

CARLOS SILVA
4717 Watkins Ave.
SARASOTA, FL. 34233

MGR

Julio Cesar Passos Da Silva Jr.
4717 Watkins Ave
SARASOTA, FL. 34233

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Julio C. P. de Silva
Signature of a member or an authorized representative of a member.

(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.)

Julio Cesar Passos Da Silva Sr.
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)