

**LO5000013040**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**FAZA Services LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

FAZA SERVICES LLC

**ARTICLE II ADDRESS**

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

5714 SW 80 STREET  
MIAMI, FLORIDA 33143**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

FELIPE S. DE AZAMBUJA  
5714 SW 80 STREET  
MIAMI, FLORIDA 33143

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



FELIPE S. DE AZAMBUJA / Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

The name(s) and address(es) of the managing members of the LLC are:

Managing Member:

FELIPE S. DE AZAMBUJA  
5714 SW 80 STREET  
MIAMI, FLORIDA 33143



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.)

FELIPE S. DE AZAMBUJA  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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