Division of Corporations

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Florida Department of State

Division of Corporations

Public Agress System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (800)494-3124 Fax Number : (305)675-2811 SECRETARY OF STATE

LIMITED LIABILITY COMPANY

Azul Ltd Co.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

05 NOV 3 I AMI

ARTICLE I NAME

The name of the Limited Liability Company is:

AZUL LTD CO.

ARTICLE II ADDRESS

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

635 CURTISWOOD DR KEY BISCAYNE , FL 33149

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CLARA ROMERO 635 CURTISWOOD DR KEY BISCAYNE, FLORIDA 33149

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..

CLARA ROMERO / Registered Agent's Signature

HOS 0002783083

PAGE 2 AZUL LTD CO.

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

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

MANAGING MEMBER:

CLARA ROMERO 635 CURTISWOOD DR KEY BISCAYNE, FLORIDA 33149

MANAGING MEMBER:

JOSE ABBAD PO BOX 1185 KEY BISCAYNE, FLORIDA 33149

MANAGING MEMBER:

LEON FERNANDEZ-DAVILA PO BOX 1185 KEY BISCAYNE, FLORIDA 33149

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.)

CLARA ROMERO
Typed or printed name of signee

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