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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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· COVER LETTER

TO:	Registration of	on Section Corporations	
SUBJ	ECT. Pred	dict Americas, LLC	
5020	LC1	(Name of Limit	ted Liability Company)
The er	iclosed Article	es of Organization and fee(s) are	submitted for filing.
Please	return all con	respondence concerning this mat	ter to the following:
	Antonio	C Maia	
			(Name of Person)
	Predict.	Americas, LLC	
	***************************************		(Firm/Company)
	18688 C	Ocean Mist Dr	
			(Address)
	Boca Ra	aton, FL 33498	
		(Cir	y/State and Zip Code)
For fu	ther informati	on concerning this matter, please	e call:
Anto	nio C M	aia	_at _ 561 , 470-9641
	(Na	une of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check	k for the following amount:	
□ \$125.	.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:					
The name of the Limited Liability Company is: Predict Americas, LLC					
ARTICLE II - Address:					
The mailing address and street address of	f the principal office of the Limited Liability Company is				
Principal Office Address:	Mailing Address:				
18688 Ocean Mist Dr	18688 Ocean Mist Dr Boca Raton, FL 33498				
Boca Raton, FL 33498					
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another				
The name and the Florida street address	of the registered agent are:				
Maria R Maia					
	Name				
18688 Ocean N	Mist Dr				
Florida s	treet address (P.O. Box NOT acceptable)				
Page Poten 2	2400				

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, F.S.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

DIVISION OF CORF (RATIONS

DIVISION OF CORF (RATIONS

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	Antonio C Maia
-	18688 Ocean Mist Dr
	Boca Raton, FL 33498
MGRM	Maria R Maia
	18688 Ocean Mist Dr
	Boca Raton, FL 33498
MGRM	Manlio de Augustinis
	Rua Maranhao 368 apto. 61
	Sao Paulo - Brasil - CEP 01240-000
(Use attachment if necessary) LE V: Effective date, if other than the	a data of filings (OPTIONIAL)
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	spor an authorized representative of a member,

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Antonio C Maia

(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.)

Typed or printed name of signee