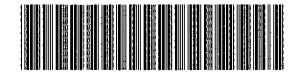
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(R∈	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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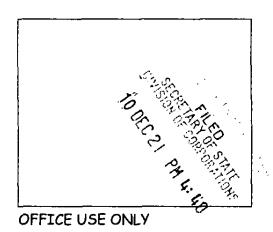
12/22/10--01001--007 **160.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

B. KOHR
DEC 2 1 2010
EXAMINER

10 DEC 21 PM 4: 40

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

FRANCA INTERNATIONAL, LLC

CK# 4991 FOR \$160.00

PLEASE FILE THE ATTACHEDARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

Division	of Corporations			٠.	
SUBJECT: FR	ANCA INTERNATIONAL LLC				,
SUBJECT: 110		ed Liability Com	pany)		 .
•	•	_			
The enclosed Art	icles of Organization and fee(s) are	submitted for fili	ng.		
Please return all	correspondence concerning this mat	ter to the following	ng:	· Marie	
TLS					
		(Name of Person)		. :	
•	· :		·	•	
NRAI	·				
•		(Firm/Company)			
			•		
2731 EX	ECUTIVE PARK DRIVE, SUITE		* · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	(Address)			
WESTO	N, FL 33331				
112010	·	ty/State and Zip Co	ode)	_ ;	
	ζ	. ,		•	
For further inform	nation concerning this matter, pleas	se call:			
TLS		at (954	318-2787	·	
7	(Name of Person)	(Алеа С	ode & Daytime Tele	ephone Number)	÷
Enclosed is a ch	neck for the following amount:		· · · · · · · · · · · · · · · · · · ·		•
\$ 125.00 Filing	Fee \$\square\$\$130.00 Filing Fee &	□\$155.00 Fil	ing Fee & V] \$160.00 Filin	o Fee
	Certificate of Status	Certified C		Certificate of	
			opy is enclosed)	Certified Cor	ру
		• •		(additional copy	y is enclosed)
			•		
	Mailing Address	Street/	Courier Address	•	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRANCA INTERNATIONAL LLC

(Must end with the words "Limited Liability Company, "L.I.C.," or "LLC.")

ARTICLE II - Address:

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

Principal	Office Address:

Mailing Address:

SAO PAULO ANTGIO

SAO PAULO ANTGIO

500 AP ED S FRANCI

500 AP ED S FRANCI

05684 REAL PARQUE SAO PAULO BRAZIL

05684 REAL PARQUE SAO PAULO BRAZ

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Serv	rices, Inc.			
	Name			•
2731 Exec	cutive Park Drive, Suite 4			_
	Florida street address (P.O. Box	NOT a	ccepta	ble
Weston .	FL_33331	٠		
·-	City, State, and Zip			•

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.

NRAI Services, Inc.

Registered Agent's Agnature (REQUIRED)

TONY ŠMITH, ÄSST. SEC.

(CONTINUED)
Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** LUIZ ANTONIO NOGUEIRA FRANCA SAO PAULO ANTGIO, 500 AP ED S FRANCI 05684 REAL PARQUE SAO PAULO BRAZIL (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ 12/21/2010 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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.) TONY SMITH, AUTHORIZED REP. Typed or printed name of signee

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

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

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)