11000047381

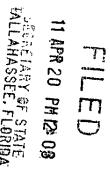
| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



300201996153

04/20/11--01021--020 **130.00



D. BRUCE

APR 21 2011

EXAMINER

COVER LETTER

Registration Section

| Division of C | orporations | | | |
|--------------------------|---|--|---|--------|
| _{SUBJECT:} Mana | ius, LLC. | | | |
| SUBJECT. | | ed Liability Company | Andrews (1981 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | | |
| Please return all corres | pondence concerning this matt | er to the following: | | |
| James d | e Araujo Basilio | | | _ |
| | - | Name of Person | | - |
| | | F: /0 | | • |
| | | Firm/Company | | |
| 900 Bisc | ayne Boulevard# | | | _ |
| | | Address | | |
| Miami, FL | | | | _ |
| iamas@har | · | y/State and Zip Code | AAR | -1 |
| <u>jaines@bas</u> | slerrealty.com E-mail address: (to be used f | or future annual report notification) | - S - C | |
| For further information | concerning this matter, please | call: | S. F. S. | |
| James Basilio | | at (786) 879-4380 | CORIDE DE LOS TALES | فسيينا |
| Name | of Person | Area Code & Daytime Te | ephone Number | |
| Enclosed is a check for | or the following amount: | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | 1) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center | ns | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|---|--|---------------------------------------|---------------------------|
| The name of the Limited Liability Com | npany is: | | |
| Manaus, LLC. | | | |
| (Must end with the words "Lin | nited Liability Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address | of the principal office of the Limited Liabili | ity Compa | any is: |
| Principal Office Address: | Mailing Address: | | |
| 900 Biscayne Boulevard # 4807 Miami, FL 33132 | 900 Biscayne Boulevard # 4807 Miami, FL 33132 | | |
| | s of the registered agent are: | | |
| 900 Biscayn | e Boulevard # 4807 | MIS. | O |
| Florida | street address (P.O. Box <u>NOT</u> acceptable) | 8 | |
| Miami | _{FL} 33132 | | |
| | City, State, and Zip | | |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position | at and to accept service of process for the above that in this certificate, I hereby accept the applicate of the comply with the applete performance of my duties, and I am fair as registered agent as provided for in Chaptan as grant of the complete of th | ppointmen provision niliar with | t as s of all h and |

Page 1 of 2

(CONTINUED)

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

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

| | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| Wichter Wanaging Wichider | |
| MGR | James de Araujo Basilio |
| | 900 Biscayne Boulevard # 4807 |
| | Miami, FL 33132 |
| MGRM | Sueli de Araujo Basilio |
| • | 900 Biscayne Boulevard # 4807 |
| | Miami, FL 33132 |
| | |
| | |
| | |
| | • |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than effective date is listed, the date mu | n the date of filing: (OPTIONAl ust be specific and cannot be more than five business days |
| CLE V: Effective date, if other than iffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | ust be specific and cannot be more than five business days |
| CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | |
| CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a must describe the date of filing and the date of filing. | ust be specific and cannot be more than five business days |
| CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a must describe the date of filing and a must describe the date of filing. | ember or an authorized representative of a member. in 608.408(3). Blorda Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |
| CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a must describe the date of filing and a must describe the date of filing. | ember or an authorized representative of a member. In 608.408(3), Blorda Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)