

# LH1000057825

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

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## FLORIDA LIMITED LIABILITY CO.

Parana Pines, LLC

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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Parana Pines, LLC

(Must end with the words "Limited Liability Company," "L.L.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:

Rua Osvaldo Cruz,  
715 Jardim das Araucarias  
Fraiburgo, SC - 89.580-000 Brasil

### Mailing Address:

Rua Osvaldo Cruz  
715 Jardim das Araucarias  
Fraiburgo, SC - 89.580-000 Brasil

## 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:

GrayRobinson, P.A.

Name

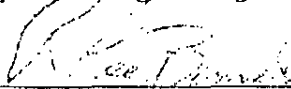
301 E. Pine Street, Suite 1400

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32801

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.*



Registered Agent's Signature (REQUIRED)  
R. Lee Bennett, Esq.

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**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:**

MGR

Roberto Frey

Rua Osvaldo Cruz, 715- Jardim das Araucarias  
Fraiburgo, SC-89.580-000-Brasil

MGR

Leandro Luis Cima

Rua Coronel Otonni Maciel, 490, apto 702, bairro Vila Izabel  
Curitiba-Parana, CEP 80.320-000-Brasil

MGR

Paulo Cesar Calluf

Alameda Prudente de Moraes, 488, apto 101-Centro  
Curitiba-PR-80.430-220-Brasil

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Roberto Frey

\_\_\_\_\_  
Typed or printed name of signer

**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)

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