

L11000140258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

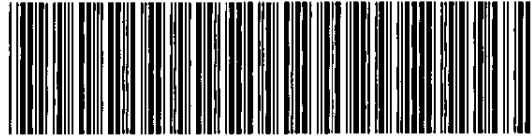
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B. KOHR
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EXAMINER



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12/13/11--01003--006 **155.00

RECEIVED
11 DEC 12 PM 4:41
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 12 AM 11:01

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 12/12/11

REF. #: 002226.158638

CORP. NAME: COSMO COMMERCIAL, LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 12 AM 11:01

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 542577 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
COSMO COMMERCIAL, LLC**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 12 AM 11:01

ARTICLE I - Name:

The name of the Limited Liability Company is: COSMO COMMERCIAL, LLC

ARTICLE II - Address:

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

c/o Paulo Miranda
1001 Brickell Bay Drive
Suite 2406
Miami, FL, 33131

ARTICLE III - Registered Agent and Registered Office:

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

NRAI Services Inc.
515 East Park Avenue
Tallahassee, FL 32301

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

By: Katie Wonsch
Name: Katie Wonsch
Title: Assistant Secretary

ARTICLE IV - Management



The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

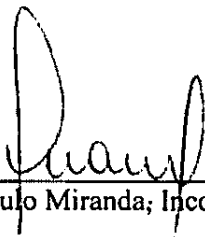
ARTICLE V – Manager(s) or Managing Member(s)

The name and address of each Manager:

MGR

Cesar L.A. Costa
Costa Window Treatments
1 NE 40th Street, Suite 2
Miami, FL, 33137

Simone F. Pacheco Mota
21055 Yacht Club Drive, Unit #2001
Aventura, Florida, 33180



Paulo Miranda; Incorporator

(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.)

Paulo Miranda

Typed or printed name of signee