

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000624183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLORIDA LIMITED LIABILITY CO. Brazilian Court Acquisition, LLC Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY EXAMINER MAR 1 3 2012

Write Assistance of Chinese Chillian

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	mpany is:	
BRAZILIAN COURT RESERVATIONS LL		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liab	nility Company is:
Principal Office Address:	Mailing Address:	
4384 Rutledge Drive	4384 Rutledge Drive	
Paim Harbor, FL 34685	Palm Harbor, FL 34685	
The name and the Florida street address C T Corporation Syst 1200 South Pine Island	Name 1 Road	PILE I
Floric	Florida street address (P.O. Box NOT acceptable)	
	Plantation FL 33324 City, State, and Zip	D 8: 02 STATE LORIDA
liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position. CT Company	nt and to accept service of process for the abundted in this certificate, I hereby accept the is capacity. I further agree to comply with the implete performance of my duties, and I am for as registered agent as provided for in Chapter System The solution System The solution of the service (REQUIRED) Asst. Sec.	appointment as he provisions of all familiar with and apter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	IEAN SMITH 4384 Rutledge Drive Palm Harbor, FL 34685	•	
	FALL AHASSER, FLORI	2012 MAR -8 AM 8: (
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)			ior
REQUIRED SIGNATURE: Signature of a member or	Maria Control		

(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 heroin 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.)

RITA M. SCACCHIA, AUTH REP

Typed or printed name of signee

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)