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FLORIDA LIMITED LIABILITY CO.  
ATHENAS PARTICIPACOEES LLC

Certificate of Status	1
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MAR 30 2012  
3/29/2012  
EXAMINER

H12000082130

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATHENAS PARTICIPACOES 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:

AV. NINA RODRIGUES 10  
PONTA D'AREIA - SAO LUIZ  
MA - BRAZIL - 65077-300

Mailing Address:

19610 NE 26 AV  
MIAMI - FL 33180

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:

MARIA SHERMAN  
Name

19610 NE 26 AV

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

MIAMI - FL 33180

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.

Maria Sherman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

"MORM" = Managing Member

**Name and Address:**

MGRM

ANA LUCIA CHAVES FECURY  
AV NINA RODRIGUES 10 Ponta D'AREIA  
SAO LUIZ - MA - BRASIL - 65077-300

MGRM

MAURO DE ALENCAR FECURY  
AV NINA RODRIGUES 10 Ponta D'AREIA  
SAO LUIZ - MA - BRASIL - 65077-300

MGRM

CLOVIS ANTONIO FECURY  
AV NINA RODRIGUES N: 10. Ponta D'AREIA  
SAO LUIZ - MA - BRASIL - 65077-300

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 03.29.12 (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:**

Clovis Feury

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.)

CLOVIS FECURY

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)

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