

L12000059758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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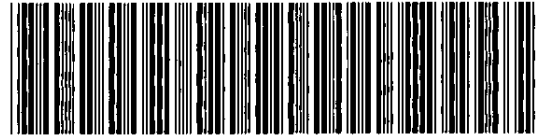
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 MAY -2 AM 10: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 03 2012

EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/02/2012

REF. #: 002226.165904

CORP. NAME: FERAH SERVICES, LLC

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION
- ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME
- FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY
- REINSTATEMENT       MERGER       WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# 544308 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

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 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FERAH SERVICES, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: FERAH SERVICES, 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:

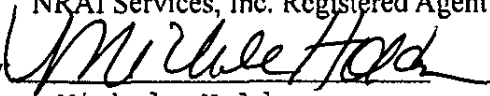
NRAI Services Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

*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

  
Name: Michele Holden

Title: Asst. Secretary

**ARTICLE IV - Management**



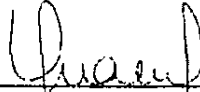
The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

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

The name and address of each Manager:

MGR

Fabio Aransanz  
Rua Padre Agotinho, 2885 apt. 2402  
Bigorriho, 80710-000 Curitiba  
Paraná - Brasil



\_\_\_\_\_  
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.)

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**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Limited Liability Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

This certificate is executed and dated as of this 2nd day of May, 2012



Name: Michele Holden  
Title: Assistant Secretary

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