

#L1200007/326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

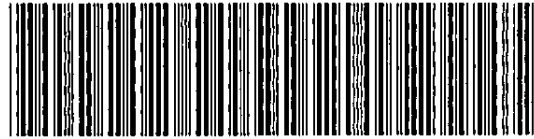
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/25/12--01022--017 **155.00

RECEIVED
12 MAY 25 PM 1:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAY 25 AM 11:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAY 29 2012

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/25/2012

REF. #: 002226.167161

CORP. NAME: GMD REALTY LLC

- | | | |
|--|---|---|
| <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# 544555 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
GMD REALTY LLC**

FILED
12 MAY 25 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: GMD REALTY 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: 

Name: Michele Holden

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

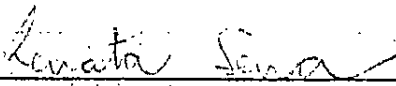
Gonçalo Meirelles Dias Bueno
Estrada do Açude 544 , Alto da Boa Vista,
Rio de Janeiro - RJ Cep:20531-330

MGR

Maria Beatriz Meirelles Dias Bueno
Estrada do Açude 544 , Alto da Boa Vista,
Rio de Janeiro - RJ Cep:20531-330

MGR

Maria Carolina Meirelles Dias Wolf
Estrada do Açude 544 , Alto da Boa Vista,
Rio de Janeiro - RJ Cep:20531-330



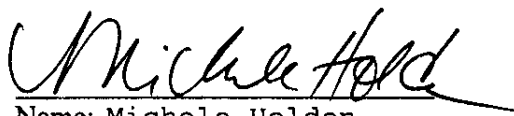
Renata Sena, ~~Incorporator~~ ORGANIZER

(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.)

**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 25th day of May, 2012


Name: Michele Holden
Title: Assistant Secretary