

L12000071326

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GMD REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
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12 JUN 13 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 14 2012

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Corporate Filing Menu

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EXAMINER

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GMD REALTY LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULO MIRANDA

Name of Person

PSM CORPORATE SERVICES INC.

Firm/Company

1001 BRICKELL BAY DRIVE SUITE 2408

Address

MIAMI, FLORIDA, 33131

City/State and Zip Code

PAULO.MIRANDA@PSMCORPORATE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INGRID HOVER

Name of Person

at ( 305 )

456-3752

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2561 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

FILED  
12 JUN 13 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4113, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
GMD REALTY LLC

L12000071326

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Name correction and address

GONÇALO CRISTOVÃO MEIRELLES DE ARAÚJO DIAS

MARIA CAROLINA MEIRELLES DIAS WOLFF

ADDRESS CITY: RIO DE JANEIRO/RJ - 20531-330, COUNTRY: Brazil

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: June 8 2012

Signature of a member or authorized representative of a member

PAULO MIRANDA

Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

12 JUN 13 AM 9:12

FILED

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

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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: Michelle Holden  
Name: Michelle Holden  
Title: Assistant Secretary

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JUN 13 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - Management**

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

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**ARTICLE V. - Manager(s) or Managing Member(s)**  
The name and address of each Manager:

MGR

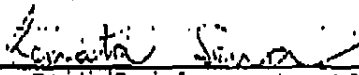
Gonçalo Melrelles Dias Bueno  
Estrada do Açude 544 , Alto da Boa Vista,  
Rio de Janeiro - RJ Cep:20531-330

MGR

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

MGR

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

  
Renata Sona, Incorporated 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.)

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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 25th day of May, 2012



Name: Michele Holden

Title: Assistant Secretary

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