

# L12000072639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

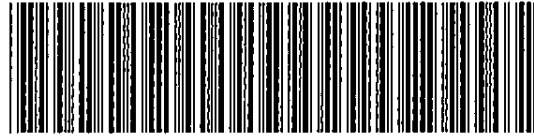
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**B. KOHR**

MAY 31 2012

**EXAMINER**



800235228188

05/31/12--01001--011 \*\*155.00

RECEIVED

12 MAY 30 PM 3:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 MAY 30 AM 9:53

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/30/2012

REF. #: 002226.167319

CORP. NAME: KOGGEN INTERNATIONAL, LLC

12 MAY 30 AM 9:50

- |  |   |   |
|--|---|---|
| <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# 544576 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

**ARTICLES OF ORGANIZATION  
FOR  
KOGGEN INTERNATIONAL, LLC**

12 MAY 30 AM 9:53  
FILED  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is: KOGGEN INTERNATIONAL, 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

Richard Paul Matheson  
Av. Visconde de Albuquerque, 845  
Leblon, Rio de Janeiro, RJ  
Brasil 22450-001



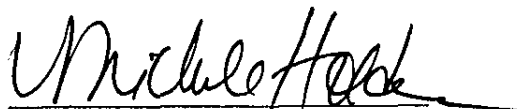
Paulo Miranda, Incorporator

(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.)

**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 20th day of May, 2012.

A handwritten signature in black ink, appearing to read "Michele Holden", with a horizontal line extending to the right.

Name: Michele Holden

Title: Assistant Secretary