

L12000094408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

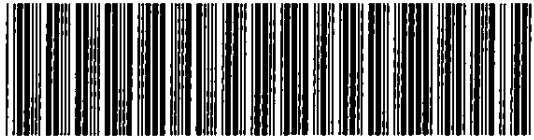
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

Special Instructions to Filing Officer:  
*Walk In*

Office Use Only



000236777270

07/23/12--01001--006 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
12 JUL 20 PM 2:01

FILED  
2012 JUL 20 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SALSBERRY  
EXAMINER

JUL 23 2012

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 07/20/12

REF. #: 002226.169960

CORP. NAME: CRESSFIELD VENTURES 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# 100155 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 JUL 20 AM 8:20  
FILED

**ARTICLES OF ORGANIZATION  
FOR  
CRESSFIELD VENTURES LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Cressfield Ventures 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 20 AM 8:20

FILED

*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: Patricia Tadlock  
Title: Assistant Secretary

**ARTICLE IV - Management**



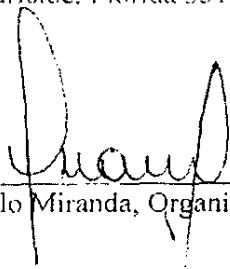
The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

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

The name and address of each Manager:

MGR

Gabriela Fernandes  
9595 Collins Avenue, unit 308  
Surfside, Florida 33154



\_\_\_\_\_  
Paulo Miranda, 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.)

\_\_\_\_\_  
Paulo Miranda

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


2012 JUL 20 AM 8:20

FILED

**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 July, 2012.

  
Name: Patricia Tadlock  
Title: Assistant Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 20 AM 8:20

FILED