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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DALVA F. DE OLIVEIRA INTERNATIONAL LTD. Co. (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DALVA MARIA F. DE OLIVEIRA (Name of Person)			
DALVA F. DE OLIVEIRA INTERNATIONAL LTD. Co. (Firm/Company)			
113 PIER POINT COURT (Address)			
ORLANDO, FLORIDA 32835-5154 (City/State and Zip Code)			
For further information concerning this matter, please call:			
DALVA MARIA F. DE OLIVEIRA at (904) 201-3001 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$\frac{1}{\sigma}\$			

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

grade SCO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		- 1
The name of the Limited Liability Company is	is:	. 9
,	درد	- 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DALVA F. DE OLIVEIRA INTER	NATIONAL LID. CO.	
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	nited Company" of their abbreviation "LLC," or "L.C.,")	73 高级
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Comp	pany is: 1:38
Principal Office Address:	Mailing Address:	6 7
113 PIER POINT CT.	113 PIER POINT CT	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RA	IMUNDA S	5,21	4		
Name					
7622	TREASURE	ISL	4 N D	CT.	
Florida street address (P.O. Box NOT acceptable)					
ORLAND) o	FL	31.	P35-5	156
City, State, and Zip					

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

grand. NO

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DALVA MARIA F. DE OLIVEIRA 113 PIER POINT CT. ORLANDO, FL 32835-5154
(Use attachment if necessary) ARTICLE V: Effective date, if other than the lif an effective date is listed, the date must lo or 90 days after the date of filing.)	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a memb	M. J. Al Al Weller er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

-\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee