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(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATIONS
12 JUL 25 PM 1:37

Dalva DCO

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:

- ☐ $125.00 Filing Fee
- ☒ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

DALVA & CO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DALVA F. DE OLIVEIRA INTERNATIONAL, LTD. CO. LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

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ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
113 PIER POINT CT. ORLANDO, FL 32835-5154	113 PIER POINT CT ORLANDO, FL 32835-5154

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:

RAIMUNDA SILVA
Name

7622 TREASURE ISLAND CT.
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32835-5156
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..

Raimunda Silva
Registered Agent's Signature (REQUIRED)

(CONTINUED)

. NCO

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "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 date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Dalva Maria F. de Oliveira
Signature of a member or an authorized representative of a member.

(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.)

DALVA MARIA F. DE OLIVEIRA
Typed or printed name of signee

Filing Fees:

—**$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
$ 30.00 Certified Copy (Optional)
—**$ 5.00 Certificate of Status (Optional)**