

#L12000148378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV 27 2012

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BRASIL FA LLC**
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:

JULIA GREENBERG-AGUILAR

Name of Person

MYUSACORPORATION.COM

Firm/Company

40 EXCHANGE PLACE, STE.1301

Address

NEW YORK, NY 10005

City/State and Zip Code

julia@myusacorporation.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at **(877) 330-2677**

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) |
|---|---|---|---|

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRASIL FA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4283 EXPRESS LANE

#189-621

SARASOTA, FL 34238

Mailing Address:

4283 EXPRESS LANE

#189-621

SARASOTA, FL 34238

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:

Incorp Services, Inc

Name

17888 67th Court North

Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee

FL

33470

City, State, and Zip

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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)

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

FELIPE JOSÉ DA CRUZ ALARCOM GONÇALVES

RUA BENJAMIN FRANKLIN 20 #402

RIO DE JANEIRO, BRAZIL 20540-096

MGRM

DOUGLAS DE OLIVEIRA GOMES

RUA BRILHANTE L3, Q3 #3

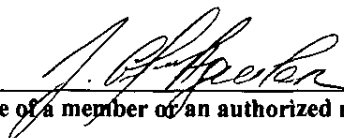
SÃO JOÃO DE MERITI, BRAZIL 25550-380

(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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JULIA GREENBERG-AGUILAR - Authorized representative

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)

**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact..

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which * Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with Incorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

Tennie Sedlacek

Tennie Sedlacek, President

Dated: June 7, 2011

Signed in my presence this the 7th day of June 2011 by Tennie Sedlacek, State of Nevada.
County of Clark

Crystal Temple
Notary Public in the State of Nevada

