L13000034198

(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:	٦
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Office Use Only



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J. SAULSBERRY EXAMINER MAR 6 2013

COVER LETTER

TO: ,,	Registratio Division of	n Section Corporations					
SUBJE	 ECT:	XIN	MENES	LLC			
, ,		Name of Limit	ed Liability (Company			
The end	closed Article	s of Organization and fee(s) are	submitted for	r filing.			
Please 1	return all corr	espondence concerning this mat	ter to the foll	owing:			
-		Julia Gr	<u>eenbe</u>	rg-Aguilar			
			Name of Pers	son			
		MyUSA	corpor	ation.com			
•		<u> </u>	Firm/Compa				_
		40 Exchar	ige Pla	ce STE 130)1	= 5	<u>ع</u>
•			Address				2013 X &R →3
		Now Y	· Vork NN	/ 10005	•	AE A	
	New York, NY 10005 City/State and Zip Code					$\frac{1}{2}$	꾸
	rximenes@centrus.com.br						三
-		E-mail address: (to be used	for future annu	al report notification)	<u> </u>		
For furt	ther informati	on concerning this matter, pleas	e call:			RIBA	32
		eenberg-Aguilar	at (877	330-267			
	Na	me of Person	Are	a Code & Daytime Tel	ephone Number		
Enclos	ed is a checl	c for the following amount:					
§125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & [ed Copy is enclosed)	Certified C	of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Div Cli 260	gistration Section vision of Corporation fton Building 61 Executive Center tlahassee, FL 32301	าร		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
XIMENES	SLLC
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
AV. FRANCISCO GLICERIO 2132 CAMPINAS, SP BRAZIL 13023-100	AV. FRANCISCO GLICERIO 2132 CAMPINAS, SP BRAZIL 13023-100
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Incorp Services, Inc	<u>558</u>
Name	t North
17888 67th Court	
Loxahatchee	dress (P.O. Box NOT acceptable)
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSON, 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, the Special Power of Attornes shall become NULL and VOID from and after December 31, 2013.

Dated: December 10, 2012

Aurora Murtey, Secretary

Signed in my presence this the 10th day of December 2012 by Aurora Murtey, State of Nevada.

County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE-OWERS
Notary Public, State of Novada
Appointment No. 09-11427-1
My Appl. Expires Nov.20, 2013

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

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

"MGRM" = Managing Member	
MGRM	RENATO XIMENES
	AV. FRANCISCO GLICERIO 2132
•	CAMPINAS, SP BRAZIL 13023-100
	·
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	<u> </u>
	- Commonwealth Com

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)



3/1/2013

Division of Corporations

Re: Certificate of Status Request

For: BABILON INVESTMENTS, LLC (Document Number - L09000039763)

Dear Sir or Madam,

Please issue a Certificate of Status for BABILON INVESTMENTS, LLC.

Appropriate Fee of \$5.00 (Check # 7745) is enclosed.

Kindly return filed paperwork to:

MyUSAcorporation.com c/o Julia Greenberg-Aguilar 40 Exchange Place, Suite 1301 New York, NY 10005

03/05/13--01003--010 **5.00

Thank you for your cooperation.

Sincerely,

Julia Greenberg-Aguilar

Senior Manager

MyUSAcorporation.com

+1 (877) 330-2677

julia@myusacorporation.com

2013 MAR -3 AM 8: 3:
SECRETARY OF STATE
ALLAHASSEF FINATE