

#L13000165387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CONVERSATION WITH  
PEDRO FREITAS 11/25/2013 KS

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11/21/13--01004--012 \*\*125.00

EFFECTIVE DATE  
11-25-2013

FILED  
13 NOV 21 PM 2:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
NOV 26 2013

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FEELING INVESTMENTS 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:

RENAN DE SOUZA COSTA  
Name of Person

FEELING INVESTMENTS  
Firm/Company

3050 DYER BLVD # 406  
Address

KISSIMMEE FL 34741  
City/State and Zip Code

RENAN.FEELING@gmail.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro Freitas at ( 305 ) 209 0909  
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:  
INVESTMENTS

EFFECTIVE DATE  
11-25-2013

FEELING INVESTMENTS 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:**

**Mailing Address:**

3050 DYER BLVD #406

3050 DYER BLVD #406

KISSIMMEE FL 34741

KISSIMMEE FL 34741

**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:

RENAN DE SOUZA COUTINHO  
Name

3050 DYER BLVD #406  
Florida street address (P.O. Box **NOT** acceptable)

KISSIMMEE FL 34741  
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

RENANDE SOUZA CONTINHO  
3050 DYER BLVD # 406  
KISSIMEE FL 34741


MGRM

DIALMA DE SOUZA CONTINHO  
RUA OSWALDO RUSSI 64  
CHACARA TIGRELLA - S/O BERNARDO DO LAFIA-S\*  
CEP: 09726-080

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/25/13. (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.)

Renan de Souza Continho  
\_\_\_\_\_  
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)