

**L14000045210**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000065560 3)))



H140000655603ABC

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TZZ HOMES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED:  
14 MAR 18 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2014 MAR 18 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 19 2014  
D. BRUCE

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

TZZ HOMES, LLC

**ARTICLE II- Address:**

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

Principal Office Address:

2211 West Washington St. – Ste. B  
Orlando, FL 32805

Mailing Address:

2211 West Washington St. – Ste. B  
Orlando, FL 32805

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

\_\_\_\_\_  
Name

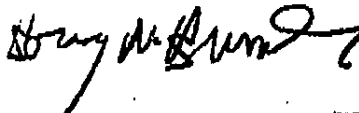
7055 SOUTH KIRKMAN ROAD, SUITE 116

\_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819

\_\_\_\_\_  
City, State, and Zip

*Having been named as registered agent 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 positions as registered agent as provided for in Chapter 605 Florida Statutes.*



\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**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

Thiago Camargo Franzese

2211 West Washington St. – Ste. B  
Orlando, FL 32805

MGR

VIFRAN COMERCIAL E CONSTRUTORA LTDA.

Rua Irio Giardelli, nº 47, 7º andar, Torre  
Jequitibá, Sala 701C  
Valinhos, Sao Paulo – Brasil - CEP 13.271-570

(Use attachment if necessary)

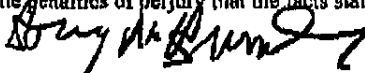
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



\_\_\_\_\_  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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