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Florida Department of State
Division of Corporations
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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.
ALLMINEE LLC

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

RECEIVED

14 JUN 19 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 JUN 19 AM 8:05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLMINEE 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:

8001 SW 24 STREET
MIAMI, FL 33155

8001 SW 24 STREET
MIAMI, FL 33155

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:

BENITEZ & COMPANY CPAS LLC

Name

8001 SW 24 STREET

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


MIAMI

FL 33155

City

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Stamp: 14 JUN 19 AM 2:05
TALLAHASSEE, FLORIDA

ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EDUARDO BELFORT DE NORONHA GUARANI
ALAMEDA DO MORRO 85 TORRE 9
APT. 1800 VILA DA SERRA NOVA LIMA
MINAS GERAIS, 34000-000, BRAZIL

MGR

RIVERBANK HOLDINGS COMPANY INC.
CITCO B.V.I. LIMITED FLEMING HOUSE
WICKHAMS CAY ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLANDS

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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 in the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

EDUARDO BELFORT DE NORONHA GUARANI

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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