

From:

07/09/2014 15:26

#469 P.001/003

Division of Corporations

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**L14000108748**

Florida Department of State  
Division of Corporations  
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To:

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

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
2958 LUCAYAN HARBOR CIRCLE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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JUL 10 2014

J. HARRIS  
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From:

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#469 P.002/003

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2958 LUCAYAN HARBOR CIRCLE 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:**

2958 LUCAYAN HARBOR CIRCLE

#108, Kissimmee, FL 34746

**Mailing Address:**

2958 LUCAYAN HARBOR CIRCLE

#108, Kissimmee, FL 34746

**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:

Gustavo P. Goncalves

Name

2958 LUCAYAN HARBOR CIRCLE

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

Kissimmee

City

FL 34746

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Gustavo P. Goncalves

190 Silvermine Ave Norwalk, CT 06850

AMBR

Inacio Bento De Loyola Alencastro SQN

310 Bloco E Apto 602 Brasilia DF 70756-050

AMBR

Getulio Humberto Barbosa De Sa Shigs

703 Bloco Q casa 29 Brasilia

DF 70.000.000 Brazil


(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 to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gustavo P. Goncalves

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)

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