

# L14000110404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

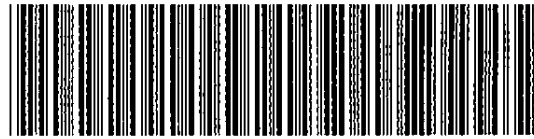
(Business Entity Name)

(Document Number)

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2014 JUL 11 PM 3:49  
NO FEE ASSESSED  
TO AVOID DELUGE  
SUFFICIENCY OF FILING

FILED  
2014 JUL 11 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 14 2014  
J. BRUCE

CORP DIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 07/11/2014

REF. #: 9208435

CORP. NAME: ALS BRAZIL TOWERS LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |

STATE FEES PREPAID WITH CHECK# 70023478 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

2014 JUL 11 AM 8:19  
FILED  
TALLAHASSEE FLORIDA  
CLERK OF CIRCUIT COURT

**ARTICLES OF ORGANIZATION  
OF  
ALS BRAZIL TOWERS LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **ALS BRAZIL TOWERS LLC**

**ARTICLE II: - Address**

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

**Attention: Angel L. Saad  
19645 East St. Andrews Drive  
Miami, Florida 33015**

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

The name and the Florida street address of the registered agent are:

**NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, Florida 33324**

*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.*

NRAI SERVICES, INC., as Registered Agent

  
Name: Michele Holden  
Title: Assistant Secretary

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Angel L. Saad 19645 East St. Andrews Drive Miami, Florida 33015

**FILED**  
2014 JUL 11 AM 8:19  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on July 11, 2014.

/s/ Angel L. Saad

Angel L. Saad, as 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 Section 817.155, Florida Statutes.)

Angel L. Saad

Typed or printed name of signee

**FILED**  
2014 JUL 11 AM 8:19  
TAMPA COUNTY CLERK  
TAMPA, FLORIDA