

L14 000 111279  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H14000167173 3))



H140001671733ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (786) 409-5946

2014 JUL 14 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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.  
MTW INTERNATIONAL INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

77530

RECEIVED  
14 JUL 14 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 2014  
T CLINE

Electronic Filing Menu Corporate Filing Menu Help

5

H140000167173

ARTICLES OF ORGANIZATION  
OF

MTW INTERNATIONAL INVESTMENTS, LLC

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605.0201, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named  
**MTW INTERNATIONAL INVESTMENTS, LLC**

ARTICLE I.

NAME

The name of the Limited Liability Company shall be **MTW INTERNATIONAL INVESTMENTS, LLC**

2014 JUL 14 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be 20900 NE 30 Avenue, Suite 200, Aventura, FL 33180.

ARTICLE III.

DURATION

The period of duration for the Limited Company shall be perpetual.

**ARTICLE IV.**  
**PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Chapter 605.0201 of the Florida Statutes, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

**ARTICLE V.**  
**MANAGEMENT**

This Limited Liability Company shall be managed by one Authorized Member and the name and address of the Authorized Member is:

CAMILA DE MENDONCA, 20900 NE 30 Avenue, Suite 200, Aventura, FL 33180.

**ARTICLE VI.**  
**ADMISSION OF NEW MEMBERS**

Unless otherwise herein specified, new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or Authorized Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

SECRETARY OF STATE  
CALLAHAN@STATE.FLORIDA.GOV

2014 JUL 14 AM 9:30

ARTICLE VII.

**CONTINUATION AFTER INVOLUNTARY TERMINATION**

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

  
\_\_\_\_\_  
CAMILA DE MENDONCA  
AUTHORIZED MEMBER

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

2014 JUL 14 AM 9:30

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

**MTW INTERNATIONAL INVESTMENTS, LLC**

**20900 NE 30 AVENUE SUITE 200  
Aventura, FL 33180**

2. The name and address of the registered agent and office is:

CAMILA DE MENDONCA  
Name

20900 NE 30 Avenue, Suite 200  
(P.O. Box or Mail Drop NOT acceptable)

Aventura, FL 33180  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

  
SIGNATURE  
CAMILA DE MENDONCA

DATE: 07/11/2014

2014 JUL 14 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11400016773