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SELO INVESTMENTS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Selo Investments LLC  Name of Li	mited Liability Company	<del>,</del>
The e	nclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Jackson Hwu	Name of Person	
		rume of reison	
	Private Advising Group, PA		
		Firm/Company	
	600 Brickell Avenue, Suite 1607	Address	
		Address	
	Miami, FL 33131	City (Carry and Tim Code	
		City/State and Zip Code	
ja	ickson@private-advising.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fu	rther information concerning this matter, ple	·	,
lacks	on Hwu at (_	786 ) 292-1599	
Jacks	Name of Person		lephone Number
Enclos	ed is a check for the following amount:		
\$125.0	00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Addi Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Selo Investments LLC (Must end with the words "Limited L	Liability Co	mpany, "L.L.G	C.," or "LLC.")	<u> </u>	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the L	Limited Liabili	ty Company is:		
Principal Office Address:	Mailing	Address:			
600 Brickell Ave., Suite 1607 Miami, FL 33131	600 Bric	Morales kell Ave., Su L 33131	uite 1607		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered A	d Agent's Sig Agent, You mu	gnature: ust designate an indi	vidual or	
The name and the Florida street address of the registered a	igent are:				
Private Advising Group, P.A. Name			<u></u>		
600 Brickell Ave., Suite 1607 Florida street address (P.O. Box I	NOT accep	otable)			
Miamí	<u>FL</u>	33131			
Ilaving been named as registered agent and to accept serv the place designated in this certificate, I hereby accept					
capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblice Chapte	f all statute gations of r er 605, F.S.	s relating to th my position as	e proper and comple	ete perfori	mance
Registered Agent's Signate	are (REQU	IRED)		SE	<u> </u>
(CONTINUE	ED)			CAE	َ اعِ
Page 1 of 2				ASSK ASSK	6

Citle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
AMBR	Sergio Longo
	Alameda Marquesas, 57, Tamboré II, Alphaville,
	Santa de Parnalba/SP CEP 06543-160, Brazil.
a	
tive date is listed, the date must he spe	of filing: (OPTIONAL) eific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of	of filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	aber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
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SECULLASSEE FLORIDA