

21400015065

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 1000 BRICKELL AVENUE
 SUITE 100
 MIAMI, FL 33131

2014 JUL 21 AM 6:14

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 14 JUL 21 2014
 FLORIDA
 DIVISION OF CORPORATIONS

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

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 FLORIDA DIVISION OF CORPORATIONS
 1000 BRICKELL AVENUE
 SUITE 100
 MIAMI, FL 33131

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.
 MACIEL & SONS, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

77824

Please file
 ASPP. There's
 a closing on
 Monday.
 100% of fees less.

JUL 22 2014

JUL 22 2014

Electronic Filing Menu

Corporate Filing Menu

Help

414000171997

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACIEL & Sons, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERSON ARAUJO MACIEL

Name of Person

301 191 TERR.

Firm/Company

SUNNY ISLES BEACH, FL 33160

Address

2014 JUL 21 AM 11:14
FILED
FLORIDA DIVISION OF CORPORATIONS

City/State and Zip Code

GERSON CONSEG. COM. BR

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE LIMA at (305) 989-9779

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 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
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MACIEL & SONS, L L C.
(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:

301 191 TEC
SUNNY ISLES BCH, FL
33160

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:

C. ERSON ARAUJO / MACIEL
Name
301 191 TEC
Florida street address (P.O. Box NOT acceptable)
SUNNY ISLES BCH FL 33160
City Zip

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FLORIDA
DEPARTMENT
OF STATE
REGISTRATION
AND
LICENSE
DIVISION
FILED

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.

X. Araujo

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:

GERSON ARRUSO MACIEL

AMBR

ODILA LIMA MACIEL

AMBR

RICHARD DETTERSON MACIEL

AMBR

GERSON MACIEL FILHO

AMBR

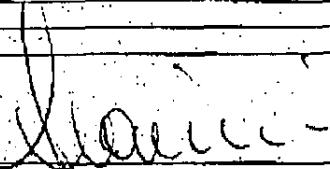
JESSICA LIMA MACIEL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-18-14 (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.)

GERSON ARRUSO MACIEL

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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