

L14000115065

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
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14 JUL 21 AM 6:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDAFLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 21 AM 11:14

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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

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Please file
ASAP. There's
a closing on
Monday.
Thank you.

JUL 22 2014

A. L. L. L.

Electronic Filing Menu

Corporate Filing Menu

Help

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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

GERSON@CONSEG.COM.BR
City/State and Zip Code
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MACIEL & SONS, 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:

Mailing Address:

301 191 TER
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:

G. ERSON ARAUJO MACIEL
Name
301 191 TER
Florida street address (P.O. Box NOT acceptable)
SUNNY ISLES BCH FL 33160
City 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT
JUDGE
JAMES L. COLEMAN

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

AMBR

AMBR

AMBR

AMBR

Name and Address:

GERSON ARAUJO MACIEL

ODILA LIMA MACIEL

RICHARD PETERSON MACIEL

GERSON MACIEL FILHO

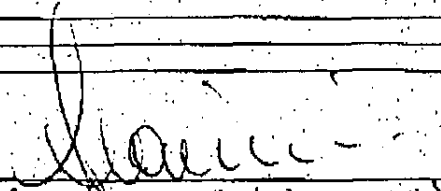
JESSICA LIMA MACIEL

(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 ARAUJO 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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