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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.

(((H14000174256 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I200000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****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.
CONNECT WORLD LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 JUL 23 AM 7:42

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14 JUL 23 PM 3:03

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JUL 24 2014

T. HAMPTON

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Corporate Filing Menu

Help



July 23, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: CONNECT WORLD LLC
REF: W14000045014

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is M11000004244 (CONNECT THE WORLD, L.L.C.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000174256
Letter Number: 514A00015749

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SECTION 22.01
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H14000174256

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Connect the World USA 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:2828 CORAL WAY2828 CORAL WAYSUITE #100SUITE #100MIAMI, FL 33145MIAMI, FL 33145

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:

CHARLES LEON

Name

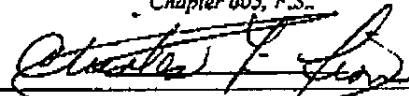
2828 CORAL WAY - SUITE #100Florida street address (P.O. Box NOT acceptable)MIAMI

City

FL 33145

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 14 JUL 23 AM 7:42
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 TALLAHASSEE FLORIDA

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06/03/2032 03:37

JUL-22-2014(TUE) 14:01

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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

MGR

Name and Address:

NELSON PIERY DA SILVA

2828 CORAL WAY - SUITE #100

MIAMI, FL 33145

MGR

GUILHERME DE OLIVEIRA SOUZA

2828 CORAL WAY - SUITE #100

MIAMI, FL 33145


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

CHARLES Y. LEON

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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