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# 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.

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To:

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

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** INFO@ABKCORP.COM

RECEIVED
14 JUL 30 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**

**FRIEND'S RETREAT LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $125.00 |

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**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: FRIEND'S RETREAT 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:

PAULO PINHEIRO
Name of Person

FRIEND'S RETREAT LLC
Firm/Company

361 BEACON POINTE DR
Address

OCOEE, FL 34761
City/State and Zip Code

INFO@ARKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA PINE at ( 407 ) 898-1757
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:

FRIEND'S RETREAT 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:** |
|---|---|
| 261 BEACON POINTE DR<br>OCOEE, FL 34761 | 261 BEACON POINTE DR<br>OCOEE, FL 34761 |

**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:

PAULO PINHEIRO
Name

261 BEACON POINTE DR
Florida street address (P.O. Box **NOT** acceptable)

OCOEE FL 34761
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.*

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: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| MGR | ADRIANO GRADELA ROBAZZA<br>RUA SAO JOAQUIM, 832<br>SAO CARLOS, SP - BRAZIL - 13560-300 |
| MGR | MARISA ANDREA ALVES B ROBAZZA<br>RUA SAO JOAQUIM, 832<br>SAO CARLOS, SP - BRAZIL - 13560-300 |
| MGR | VALTER MATTOS JUNIOR<br>RUA SAO JOAQUIM, 832<br>SAO CARLOS, SP - BRAZIL - 13560-300 |
| MGR | ISABEL DA CRUZ ROMANINI MATTOS<br>RUA SAO JOAQUIM, 832<br>SAO CARLOS, SP - BRAZIL - 13560-300 |

(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.
THE INITIAL PURPOSE OF THIS LIMIT LIABILITY COMPANY IS REAL ESTATE INVESTMENTS AND ALL BUSINESS UNDER THE LAW OF THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA.

**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.)

PAULO PINHEIRO - AMBR
Typed or printed name of signee

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**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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**ARTICLE IV-**
The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| AMBR | PAULO FERANDO PINHEIRO<br>261 BEACON POINTE DR<br>OCOEE, FL 34761 |
| AMBR | JOELMA DA COSTA PINHEIRO<br>261 BEACON POINTE DR<br>OCOEE, FL 34761 |
| MGR | MOZART MALUF PEDROSO<br>AV MIGUEL DAMHA 1000 CASA 401<br>SAO CARLOS, SP - BRAZIL - 13565-902 |
| MGR | MARCIA C BIANCHINI PEDROSO<br>AV MIGUEL DAMHA 1000 CASA 401<br>SAO CARLOS, SP - BRAZIL - 13565-902 |

(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.)**

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**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**
(In accordance with section 605.0207(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.)

PAULO PINHEIRO - AMBR
Typed or printed name of Signee

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