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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/18/14--01025--017 **130.00



COVER LETTER

TO: Registration Division of C			
SUBJECT: Investha	aus USA, LLC. Name of Lim	nited Liability Company	
	of Organization and fee(s) are	_	
João Ped	-	Name of Person	
JVolz Lav	<u>v</u>	Firm/Company	
<u>150 SE 2</u>	nd Ave, unit 505	Address	
<u>Miami, Fl</u>		ity/State and Zip Code	
ivolzlaw@gmail	.com E-mail address: (to be used	for future annual report notifica	tion)
For further information	n concerning this matter, plea	se call:	
João Pedro Volz Nan	at (3	Area Code Daytime Tel	lephone Number
Enclosed is a check fo	r 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

nvesthaus USA, LLC.		
(Must end wit	n the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:		
he mailing address and street addr	ess of the principal	office of the Limited Liability Company is:
rincipal Office Address:		Mailing Address:
50 SE 2nd Ave, unit 505		150 SE 2nd Ave. unit 505
The Limited Liability Company ca	Registered Offic	Miami, FL 33131 e, & Registered Agent's Signature: vn Registered Agent. You must designate an indivision.)
RTICLE III - Registered Agent.	Registered Office nnot serve as its over the Florida registra	e, & Registered Agent's Signature: vn Registered Agent. You must designate an indivion.)
RTICLE III - Registered Agent. The Limited Liability Company can nother business entity with an acti	Registered Office nnot serve as its ove ve Florida registra dress of the register	e, & Registered Agent's Signature: vn Registered Agent. You must designate an indivion.) ed agent are:
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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.

nt signature (REQUIRED)

(CONTINUED)

Page 1 of 2

'AMBR" = Authorized Member 'MGR" = Manager AMBR Bárbara Minuzzi 483 Brickell Ave., Unit 3711 Miami, FL 33131 AMBR João Pedro Volz 11340 SW 123 st. Miami, FL 33176 AMBR Daniela Arruda Über 483 Brickell Ave., Unit 3711 Miami, FL 33131 AMBR Gabriel Gil 483 Brickell Ave., Unit 3711 Miami, FL 33131 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.) E VI: Other provisions, if any.	Title:	Name and Address:	
MGR" = Manager AMBR Bárbara Minuzzi 483 Brickell Ave., Unit 3711 Miami, FL 33131 AMBR João Pedro Volz 11340 SW 123 st. Miami, FL 33176 AMBR Daniela Arruda Uber 483 Brickell Ave., Unit 3711 Miami, FL 33131 AMBR Gabriel Gil 483 Brickell Ave., Unit 3711 Miami, FL 33131 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: (Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) (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.) Vira Pale Vala Typed or printed name of signce Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			
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