

L14 000 144547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

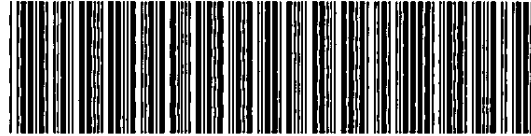
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRAZPARTNERS 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:

Julia Greenberg-Aguilar

Name of Person

MyUSACorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801-5769

City/State and Zip Code

gbinet@oxfordusa.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar

Name of Person

at (877) 330-2677

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:

BRAZPARTNERS 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:

6150 METROWEST BLVD
ORLANDO, FL 32835

6150 METROWEST BLVD
ORLANDO, FL 32835

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:

OXFORD MARKETING CONSULTING INC
Name

4800 N FEDERAL HWY #101D
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33431
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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TALLAHASSEE, FLORIDA

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:

Eduardo Toledo
Rua Marcondesia n 310, Chacara Monte Alegre
Sao Paulo, Sao Paulo, Brazil 04645-040

AMBR

Massae Coga Kato - Rua Jose Lima Filho 95
Parque Espacial, Sao Bernardo do Campo
Sao Paulo, Brazil 09812-330

AMBR

Jorge Coga - Rua Vicente de Carvalho
716 Parque Sao Diogo 91, Sao Bernardo do
Campo, Sao Paulo, Brazil 09732-600

AMBR

Luiz Arnaldo Sartoleto - Rua Luiz Ferreira da
Silva 352 Parque Sao Diogo, Sao Bernardo do
Campo, Sao Paulo, Brazil 09732-340

(Use attachment if necessary)

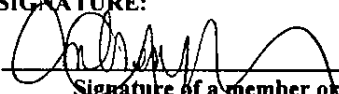
See Attachment

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.)

Anthony Morales (Authorized Representative)
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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 TALLAHASSEE, FLORIDA

ARTICLE IV- (Attachment)

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

MARCELO MORI
RUA PARA 139 CJ 101 BAIRRO
CENTRO, SAO CAETANO DO SUL
SAO PAULO, BRAZIL 09510-130

AMBR

PAULO TADEU FRANCO DE GODOY
RUA AMAZONAS 439 CONJUNTO 45
CENTRO, SAO CAETANO DO SUL,
SAO PAULO, BRAZIL 09520-070

AMBR

MAURICIO AZEVEDO FRACON
AVENIDA OMAR DAIBERT 1 CASA 74
PARQUE TERRA NOVA II, SAO
BERNARDO DO CAMPO, SAO PAULO,
BRAZIL 09820-680

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