

Division of Corporations

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

From:
 Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
 Account Number : 075201001473
 Phone : (561)955-7600
 Fax Number : (561)395-2807

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

Email Address: angelitaavalc@gmail.com

FLORIDA LIMITED LIABILITY CO.
Emerson Cristiano Enterprises, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 21 AM 8:13

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16th Nov OCT 22 2014

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
EMERSON CRISTIANO ENTERPRISES, LLC**

ARTICLE I – NAME: The name of the limited liability company is Emerson Cristiano Enterprises, LLC (the "Company").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 3025 NE 190th Street, Apt. 303, Aventura, FL 33180. The street address of the principal office of the Company is 3025 NE 190th Street, Apt. 303, Aventura, FL 33180.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are;

Laura Carneiro
2831 North Ocean Blvd., Apt. 807N
Fort Lauderdale, FL 33308

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 in Chapter 605, Florida Statutes.



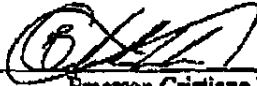
Laura Carneiro

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Authorized Member	Emerson Cristiano Da Silva 3025 NE 190 th Street Apt. 303 Aventura, FL 33180
Authorized Member	Gisely Ferreira Ramos 3025 NE 190 th Street Apt. 303 Aventura, FL 33180

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REQUIRED SIGNATURE:



Emerson Cristiano Da Silva

(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.)

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