## L14000 H0430

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Ciling Officer	
Special instructions to	riling Onicer.	
,		
•		



200265952702

10/30/14--01030--010 \*\*130.00

PILED
SECREPARTOR STATE

Office Use Only

## **COVER LETTER**

	egistration Section ivision of Corporations		•
SUBJECT	: Caracol Enterprises LLC Name of Lin	nited Liability Company	
The enclos	ed Articles of Organization and fee(s) ar	e submitted for filing.	•
Pleaso-retu	rn all correspondence concerning this ma	atter to the following:	
	Susan Harding .	Name of Person	
	Harding & Associates Tax Services	Inc	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	113 Pontotoc Plaza	Address	•
	Auburndale, Fl 33823	ity/State and Zip Code	
susar	harding@hardingtay.com	for future annual report notifica	tion)
For further	information concerning this matter, plea	se call:	•
Susan Ha	nrding at ( § Name of Person	363 ) 968 1010 Area Code Daytime Tel	ephone Number
Enclosed i	s a check for the following amount:		
□ \$125.00 F	iling Fee S130.00 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

elo

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability Company is:				•
Caracol Enterprises LLC				
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
Rua Marques de Itu 948 Apt 82B Sao Paulo. Vila Buarque 01223-000 Brazil  Rua Marquest de Itu 948 Apt 82B Sao Paulo. Vila Buarque 01223-000 Brazil				
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration.	Registered Agent. You must designate an individ	lual or		
The name and the Florida street address of the registered a	agent are:	SEC	2914	
Harding & Associates Tax Services, Inc. Name			OCT 3	<u></u>
113 Pontotoc Plaza		63	Ö	m
Florida street address (P.O. Box	NOT acceptable)	S PER	A	Ö
Aubumdale	FL 33823	25.	ಧ	
City	Zip	5.	55	
Having been named as registered agent and to accept serv	vice of process for the above stated timited liabili	ty company at		

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)

Page 1 of 2

ells:

	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
MGR	Licinia C Ruiz De Campos	
	Rua Marques de Itu 948 Apt 82B	
	Sao Paulo, Vila Buarque 01223-000 Brazil	
<del></del>		
Use attachment if necessary)		
	ific and cannot be more than five business days prior to or 90	days afte
f filing.)  CVI: Other provisions, if any.		days afte
f filing.)  CVI: Other provisions, if any.		days aft
filing.)  VI: Other provisions, if any.		days afte
filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:		days aft
REQUIRED SIGNATURE:	62-bames	days afte
REOUIRED SIGNATURE:  Signature of a memi	ber or an authorized representative of a member.	
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605.0	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document	days aft
REOUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605.0 constitutes an affirmation under the section section of the section	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of periury that the facts stated herein are true.	days aft
Signature of a mem (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false informer.)	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State	days aft
Signature of a mem (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false informs	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of periury that the facts stated herein are true.	days aft
Signature of a mem (In accordance with section 605.1 constitutes an affirmation under the lam aware that any false informs constitutes a third degree felony as	ber or an authorized representative of a member.  2020 3 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	days aft
Signature of a mem (In accordance with section 605.1 I am aware that any false informs constitutes a third degree felony a	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State	
Signature of a mem (In accordance with section 605.1 I am aware that any false informs constitutes a third degree felony a	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Campos Typed or printed name of signce	TALL All)
Signature of a mem (In accordance with section 605.1 I am aware that any false informs constitutes a third degree felony a	ber or an authorized representative of a member.  2020 3 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	TALLAHA
Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to 1 am aware that any false informs constitutes a third degree felony and Licinia C Ruiz De	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Campos Typed or printed name of signee  Filling Fees:	TALLAHASS
Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to 1 am aware that any false informs constitutes a third degree felony and Licinia C Ruiz De	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Campos Typed or printed name of signce	TALLAHASSE

J

Page 2 of 2