

L14000174810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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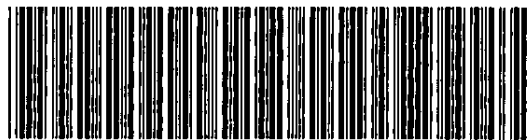
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh NOV 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTUITIVE APPZ L.L.C.

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:

Tiago Campoi Folha Verde

Name of Person

A Welt Stern Company

Firm/Company

716 ne 193rd Street

Address

Aventura / FL - 33179

City/State and Zip Code

t.campoi@awelstern.com

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

For further information concerning this matter, please call:

Tiago Verde

at (305) 570.5233

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

P.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTUITIVE APPZ L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address: 1395 Brickell Avenue – Suite 900
Miami / FL - 33131**

**Mailing Address: 1395 Brickell Avenue – Suite 900
Miami / FL - 33131**

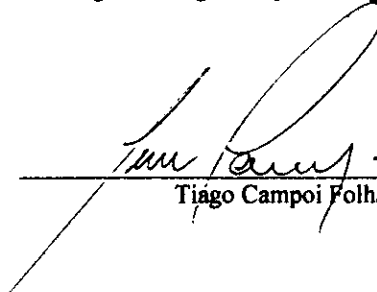
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**Tiago Campoi Folha Verde
716 NE 193rd Street
Aventura / FL – 33179**

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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..



Tiago Campoi Folha Verde

ARTICLE IV - Persons:

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

Title:	Name and Address:
AMBR	Tiago Campoi Folha Verde 716 NE 193 rd Street Aventura / FL - 33179
AMBR	Leonardo Vivian Gmeiner 716 NE 193 rd Street Aventura / FL - 33179
AMBR	José Rubens Rodrigues 716 NE 193 rd Street Aventura / FL - 33179

"AMBR" = Authorized Member
"MGR" = Manager

ARTICLE - V: Effective date, if other than the date of filing:

The effective date is the date of the filing.

ARTICLE - VI: Other provisions:

Provisions and other legal, administrative and company issues

This company is an IT Company, focused in development, creation, and permanent or not support on specific clients and projects.

This company can obtain investments, funds, and other kinds of patrimony not only, but such as commercial or residential properties.

This company can be part in other companies.

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.)

Tiago Verde / Leonardo Gmeiner / José Rodrigues
Typed or printed name of signee

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