Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002815713)))



H140002815713ABC\$

	* 112,	·		27) EM
	To:			⋧⋝
		Division of Cor	rporations C	629
		Fax Number	: (850) 617-6383	n _O
	From:		· - Г	SWIF
		Account Name	: LAZARUS CORPORATE FILING SERVICE, \$	rei -
		Account Number	; 1200000000019	≅ ∃
i) Li		Phone	: (305) 552-5973	۱۰.ر اح
Ξ',		Fax Number	: (305)675-5944	
<u>~</u>		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
La.				
€) Europ		:	and a boundaries and the bound for for	
			his business entity to be used for fu	Lure
- an:	nuai reg	ort mai ings. Ei	nter only one email address please.**	

FLORIDA LIMITED LIABILITY CO. PETRA PARTICIPOES COMERCIO E IMPORTACAO E EXPORTACAO

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

Laura General & 2014

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words *Limited Liability Company, *L.L.C.,* or *LLC.")

PETRA PARTICIPOES COMERCIO E IMPORTACAO E Exportacao LLC

ARTICLE II - Address:

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

3517 NW 115 AVE. DORAL, FL 33178

14 DEC -5 PM SECRETARY OF

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limite Dibility Company cannot serve as its own Registered Agent. You must designate an individual or another business entire with an active Florida registration.)

ALAIN R. RUIZ 3517 NW 115 OVE DORAL, FL 33178

<u>ARTICLE IV-</u>

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

Wanderson Augusto da Paixao (MGRM)

10/16/2032 07:14

Required Signatures:

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.

Wanderson Augusto da Paixao
Typed or printed name of signee

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)

TA DEC -5 PH 4: 50
SECRETARY OF STATE
TALLAHASSEF, FI TARE