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(Re	equestor's Name			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	: FUSCALDO INVESTMENT GROUP, LLC.
200000	Name of Limited Liability Company
	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Ana Maria Peixoto
	Name of Person
	Firm/Company
	245 SE 1st. Street Suite 320
	Address
	Miami, FL 33131
	City/State and Zip Code
ana.p	linvest@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Ana Maria	205 2250912
Alla Ivialia	A Peixoto at (305) 3359813 Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
□ \$125.00 Fi	ling Fee Status

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2014

ANA MARIA PEIXOTO 245 SE 1ST STREET STE 320 MIAMI, FL 33131

SUBJECT: FUSCALDO INVESTMENT GROUP, LLC

Ref. Number: W14000066602

We have received your document for FUSCALDO INVESTMENT GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page 1 of the Articles of Organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 014A00023457

14 DEC -5 AM IO: OO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: FUSCALDO INVESTMENT GROUP, LLC. (Must end with the words "Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office.	iability Company, "L.L.C.," or "LLC.")	SECRETARY OF STATE	m
Principal Office Address:	Mailing Address:	- N	i
ANDRLUIZ HAAS CARUSO	245 Se 1st, Street #320 Miami.FL 33131		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered as Ana Maria Peixoto Name 245 SE 1sr. Street # 320	egistered Agent. You must designate an in	odividual c	ı T
Florida street address (P.O. Box N	[OT acceptable)		
<u>Miami</u> City	FL 33131 Zip		
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	the appointment as registered agent and agal statutes relating to the proper and compations of my position as registered agent at 605, F.S	ree to act i plete perfo	in this rmance

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member	≱ 6 →	.
"MGR" = Manager	ANDRE LUIZ HAAS CARUSO 245 SE 1st. Street # 320 Miami. FL 33131	₩ .
MGR	ANDRE LUIZ HAAS CARUSO	?
	245 SE 1st. Street # 320	4
	Miami, FL 33131	
	· · · · · · · · · · · · · · · · · · ·	
AMBR	RENATA RIBEIRO HAAS CARUSO M	
	245 SE 1st. Street # 320	,
	Miomi Cl 22121	
	Midilii, FC 33131	•
	₹5	
		,
	- "	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	of filing: 11/01/14 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after	ter
ARTICLE VI: Other provisions, if any.		
ARTICLE VI: Outer provisions, it any.		
REQUIRED SIGNATURE:	sil D	
	St Cann	
REQUIRED SIGNATURE:	Sef Cann	
REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member.	
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60	5.0203 (1) (16), Florida Statutes, the execution of this document	
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under	15.0203 (1) (6), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under that any false information and the section of the sec	15.0203 (1) (6), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State	
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under that any false information and the section of the sec	15.0203 (1) (6), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under that any false information and the section of the sec	15.0203 (1) (6), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

