

#L/5000008053

JAN/14/2015/WED 08:46 AM

1/14/2015

FAX NO.

Division of Corporations

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.

((H15000010883 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

RECEIVED

15 JAN 14 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
BRAZIL YERBA MATE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

K. SALLY
EXAMINER

JAN 15 2015

JAN/14/2015/WED 09:46 AM

FAX No.

P. 002

FILED

2015 JAN 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

BRAZIL YERBA MATE, LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.")*

ARTICLE II

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

Principal Office Address:
245 S.E. 1ST STREET SUITE 408
MIAMI, FL 33131

Mailing Address
245 S.E. 1ST STREET SUITE 408
MIAMI, FL 33131

JAN/14/2015/WED 09:47 AM

FAX No.

P. 003

FILED

2015 JAN 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

R&P ACCOUNTING & TAXES, INC

Name

200 SE 1ST STREET, SUITE #604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131

FL City, State, and Zip

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.

X

Registered Agent's Signature (REQUIRED)

JAN/14/2015/WED 09:47 AM

FAX No.

P. 004

FILED

2015 JAN 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): *The name and address of each
Person authorized to manage and control the Limited Liability Company:*

Title:

ALCEU ARAGAO
245 S.E. 1ST STREET SUITE 408
MIAMI, FL 33131

99%

AUTHORIZED MEMBER

LAERCIO DOS REIS
245 S.E. 1ST STREET SUITE 408
MIAMI, FL 33131

1%

MANAGER MEMBER

JAN/14/2015/WED 09:47 AM

FAX No.

P. 005

FILED

2015 JAN 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

*Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five
business days prior to or 90 days after the date of filing.)*

REQUIRED: SIGNATURE

X 
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.)*

ALCEU ARAGAO

Typed or printed name of signee