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 IN

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:

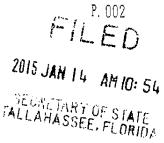
# FLORIDA LIMITED LIABILITY CO. BRAZIL YERBA MATE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



# 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

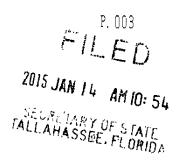
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address: 245 S.E. 1<sup>ST</sup> STREET SUITE 408 MIAMI, FL 33131 Mailing Address 245 S.E. 1<sup>ST</sup> STREET SUITE 408 MIAMI, FL 33131



#### 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 1<sup>ST</sup> 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 dicties, 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)

FAX No.

P. 004

FILED

2015 JAN 14 AM 10: 54

SECRETARY OF STATE 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:

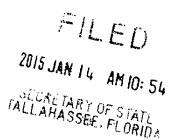
Title:

ALCEU ARAGAO 245 S.E. 1<sup>ST</sup> STREET SUITE 408 MIAMI, FL 33131 99%

AUTHORIZED MEMBER

LAERCIO DOS REIS 245 S.E. 1<sup>ST</sup> STREET SUITE 408 MIAMI, FL 33131 1%

MANAGER MEMBER



## 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

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