

L15000043190

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.

(((H15000059561 3)))



H150000595613#BC%

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 : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2015 MAR 10 AM 10:15
STATE TARY GE S INT
ALL AMOSSET FLORIDA

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ATS IMOVEIS INVESTMENTS GROUP LLC

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

REC-11
15 MAR 10 AM 10:00
STATE TARY GE S INT
ALL AMOSSET FLORIDA

MAR 11 2015
J. BRUCE



March 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: ATS IMOVEIS INVESTMENTS GROUP LLC
REF: W15000016979

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please list the name of the AMBR.,

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000059561
Letter Number: 615A00004849

2015 MAR 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

FILED

REC'D
15 MAR 10 AM 10:00
BUREAU OF BUSINESS & PROFESSIONAL INFORMATION SERVICES

H15000059561

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATS IMOVEIS INVESTMENTS GROUP LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1755 E HALLANDALE BEACH BLVD
APT #1908 E
HALLANDALE BEACH, FL 33009

1755 E HALLANDALE BEACH BLVD
APT #1908 E
HALLANDALE BEACH, FL 33009

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:

ALINE SILVA

Name

1755 E HALLANDALE BEACH BLVD APT #1908 E

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

HALLANDALE BEACH FL 33009

City

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 Aline Silva
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2015 MAR 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H15000059561

H15000059501

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

Aline Silva

AMBR

1755 E Hallandale Beach Blvd.
APT # 1908 E
HALLANDALE BEACH, FL 33009

(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X Aline Silva

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.)

ALINE SILVA

Typed or printed name of signee

2015 MAR 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H15000059501