

L15000044463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

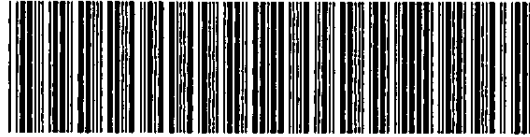
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 12 2015  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A2A Actual Americas Finances & Investments LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sergio D Gegers

Name of Person

A2A Actual Americas Finances & Investments LLC

Firm/Company

2020 N Bayshore Dr., Apt. 3701

Address

Miami, FL 33137

City/State and Zip Code

sgegers@me.com; faduatojo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iveta Rietschel at ( 305 ) 775-5294

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A2A Actual Americas Finances & Investments 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:**

2020 N Bayshore Dr.  
Apt. 3701  
Miami, FL 33137

**Mailing Address:**

Alameda Dos Camaiuras 146  
Planalto Paulista  
Sao Paulo, Brazil 04061-020

**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:

Bookkeeping & Financial Solutions LLC  
Name

4219 Tyler Street  
Florida street address (P.O. Box **NOT** acceptable)

Hollywood FL 33021  
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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Owner

**Name and Address:**

ATB Actual Tax Brazil Investments Inc.

Nerine Chambers, Quastisky Building

Road Town, Tortola, British Virgin Island

MGR

Fadua Cristina Tojo Gegers

Alameda Dos Camaiuras 146

Sao Paulo, Brazil 04061-020

MGR

Sergio De Carvalho Gegers

2020 N Bayshore Dr. Apt. 3701

Miami, FL 33137

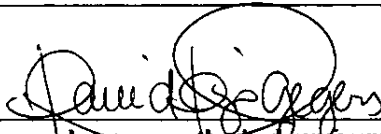
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/01/2015 (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:**



**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.)

FADUA CRISTINA TOJO GEGERS

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**