#1/5000053289

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400270250104

400270250104 03/09/15--01026--019 **125.00

2015 HAR -9 PH 1: 46

K.SALY EXAMINER MAR 26 2015

COVER LETTER

TO: Registration Section

Division of Co	rporations		
SUBJECT: MULLER	DE CAMPOS LLC		
SUBJECT: MOLLETT		nited Liability Company	
The enclosed Articles of	Organization and fee(s) as	e submitted for filing.	
Please return all correspo	ondence concerning this m	atter to the following:	
LEANDRO	BOCK BITENCOURT		
		Name of Person	
LEANDRO	BOCK BITENCOURT L		
		Firm/Company	
12370 ST.	SIMON DR.		
		Address	
BOCA RAT	ON, FL, 33428		
		ity/State and Zip Code	
sergiouchoa@yah	oo.com E-mail address: (to be use	for future annual report not	ification)
For further information of	oncerning this matter, plea	se call:	
Leandro Bock Bitenco	urt at (2	201) 443 7217	
Name	of Person		: Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclose	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	ion orations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKICISO	· ORGER WATEROWN	MILAMOALIMILE HAMILET I COMI ALVE	ac.
ARTICLE I - Name: The name of the Limited Liabili	tu Campany is:		
The land of the Emilian Discon-	ly Company is.		•
MULLER DE CAMPOS LLC			まって
(Must end	with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
		TO STATE OF THE ST	
ARTICLE II - Address: The mailing address and street a	address of the princips	al office of the Limited Liability Company is:	
Principal Office Address:		Malling Address:	8 57
186 SE 12th Terrace Suite 8	04	186 SE 12th Terrace Suite 804	5
Miami, FL, 33131 -		Miami, FL, 33131	<u>ي</u>
(The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its o active Florida registra address of the registe	ered agent are:	or
Sergio	Henrique Uchoa Me	uller de Campos	
	IN 8	ine	
***************************************	12th Terrace Suite		
Florida	street address (P.O. I	Box NOT acceptable)	
Miami		FL 33131	
	City	Zip	
the place designated in this c capacity. I further agree to co	cerificate, I hereby ac emply with the provision ar with and accept the Cl	t service of process for the above stated limited liability of cept the appointment as registered agent and agree to acc ons of all statutes relating to the proper and complete pery obligations of my position as registered agent as provide napter 605, F.S.	t in this Formance
	Securio Henrique II.	choa Muller de Campos	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Sergio Henrique Uchoa Muller de Campos 186 SE 12th Terrace Suite 804
	Miami, FL, 33131
AMBR	Maria Izabel Moreira Muller de Campos 186 SE 12th Terrace Suite 804
	Miami, FL, 33131
AMBR	Luiz Henrique Moreira Muller de Campos 186 SE 12th Terrace Suite 804 Miami, FL, 33131
	77
	200
	5
(Use attachment if necessary)	Luiz Henrique Moreira Muller de Campos 186 SE 12th Terrace Suite 804 Miami, FL, 33131
CLE V: Effective date, if other than the date	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date of effective date is listed, the date must be spe	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be spente of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Author	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be specified of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Sergia Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after