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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
BONNA AMAZON LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BONNA AMAZON LLC

(Must end with the words "Limited Liability Company," "LLC," 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:

758 NE 193 ST
MIAMI GARDENS, FL 33179

SAME AS PRINCIPAL

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.)

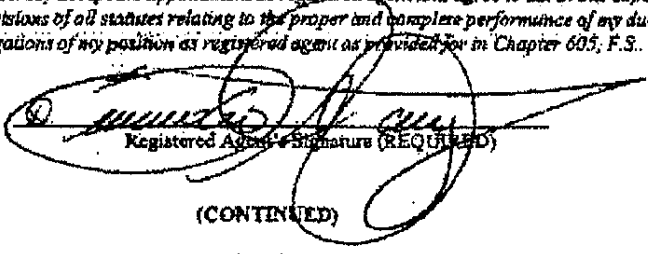
The name and the Florida street address of the registered agent are:

EVANDRO ANTONIO BARBOSA BONNA
Name

758 NE 193 ST
Florida street address (P.O. Box NOT acceptable)

<u>MIAMI GARDENS</u>	<u>FL</u>	<u>33179</u>
City	State	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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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

EVANDRO ANTONIO BARBOSA BONNA (25%)
758 NE 193 ST
MIAMI GARDENS, FL 33179

AMBR

LEILA PEREIRA BONNA (25%)
758 NE 193 ST
MIAMI GARDENS, FL 33179

AMBR

AMAZONIA 21 VIAGENS E TURISMO LTDA (50%)
AV. GOV JOSE MALCHER NO. 1870 CASA 2
SAO BRAZ BELEM PA CEP 66.060.230

(Use attachment if necessary)

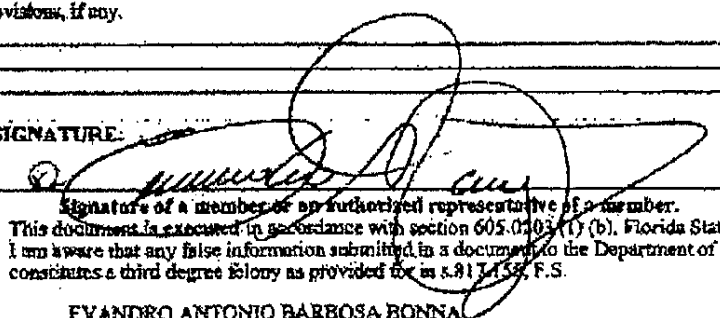
ARTICLE V: Effective date, if other than the date of filing: 1/1/2016 (OPTIONAL)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0403(1)(b), Florida Statutes.
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. 817.15, F.S.

EVANDRO ANTONIO BARBOSA BONNA
Typed or printed name of signer

Filing Fees:

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

3 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)