

FEB 24/2016/W 12:00 PM

FAX No.

P.001

2/24/2016

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
G. PARKS USA, LLC**

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

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Corporate Filing Menu

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FAX No.

P. 002

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

G. PARKS USA, 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
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

Mailing Address
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

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:

ECCO PLANET USA, LLC

Name

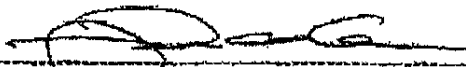
825 BRICKELL BAY DRIVE, UNIT #246

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 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 

Registered Agent's Signature (REQUIRED)

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:

ANDERSON RAFAEL CALLARI
7131 GRAN NATIONAL DR. SUITE #103
ORLANDO, FL 32819

(MANAGER) 75%

MAURO ALEXANDRE SILVA DA SILVA
7131 GRAN NATIONAL DR. SUITE #103
ORLANDO, FL 32819

(MANAGER) 15%

RONALDO KALIL FAGUNDES
7131 GRAN NATIONAL DR. SUITE #103
ORLANDO, FL 32819

(MANAGER) 10%

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.)

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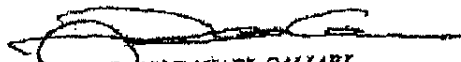
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REQUIRED: SIGNATURE


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.)


ANDERSON RAFAEL CALLARI
Typed or printed name of signer