

FEB/26/2016 FRI 02:24 PM

2/25/2016

FAX No.

P 001

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

A.M.F. RITTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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FEB 29 2016

S. GILBERT

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P.002

850-617-6381

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February 26, 2016

FLORIDA DEPARTMENT OF STATE

E-FILE EXPRESS CORPORATE FILING

Division of Corporations

SUBJECT: A.M.F. RITTER, LLC
REF: W16000014440

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

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000049010
Letter Number: 116A00004030

FEB/26/2016/FRI 02:25 PM

FAX No.

P. 003

FILED
16 FEB 26 AM 10:55
CLERK OF COURT
TALLAHASSEE, FLORIDA

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

ARTICLE I

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

A.M.F. RITTER, 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:

A.M.F. Ritter e Cia, LTDA (Company)

(AUTHORIZED MANAGER) 100%

**Rua Jacob Grun 1147
Taquara, Rio Grande do sul 95600-000**

**ANGELA MARLA FONTES RITTER
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819**

(MANAGER)

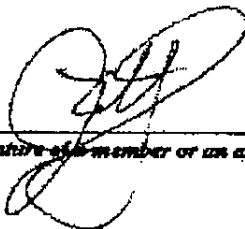
**JACSON FERDINANDO RITTER
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819**

(MANAGER)


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.)*

REQUIRED: SIGNATURE

X 
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.)*


JACSON FERNANDO RITTEA
Typed or printed name of signer