

APR/13/2016/WED 01:43 PM

4/13/2016

**L16000092031**

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P. 001

Division of Corporations

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
APPROACH CONSULTORIA EM NOGOCIOS, LLC**

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

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SECRETARY 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:*

**APPROACH CONSULTORIA EM NEGOCIOS, 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*

**7131 GRAN NATIONAL DR. SUITE #103**

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

**ORLANDO, FL 32819**

*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:***

***CHARLES LUIS FERREIRA  
7131 GRAN NATIONAL DR. SUITE # 103  
ORLANDO, FL 32819***

***MANAGER 33, 33%***

***JONAS CALIARI TOMAZI  
7131 GRAN NATIONAL DR. SUITE # 103  
ORLANDO, FL 32819***

***MANAGER 33, 33%***

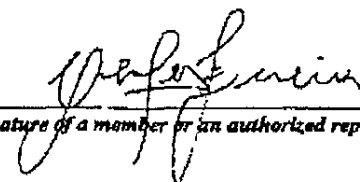
***SADY CUNHA FILHO  
7131 GRAN NATIONAL DR. SUITE # 103  
ORLANDO, FL 32819***

***MANAGER 33, 33%***

**ARTICLE V**

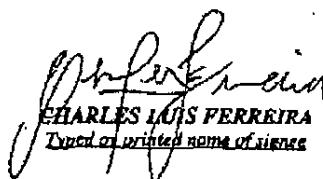
*Effective date, if other than the date of filing (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five  
business days prior to or 90 days after the date of filing.)*

**REQUIRED: SIGNATURE**

X   
\_\_\_\_\_  
*Signature of a member or an authorized representative of a member.*

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TALLAHASSEE FLORIDA

*(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.)*

  
CHARLES LUIS FERREIRA  
*Typed or printed name of signer*