Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

φ'n

04

Account Name

; US TAX CONSULTING INC

Account Number : I20160000060

Phone

: (407)674-8969

Fax Number

: (407)674-8970

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FLORIDA LIMITED LIABILITY CO. ARMANIS HOUSE LLC

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ARTICLES OF ORGANIZATION

OF

ARMANIS HOUSE LLC

A Florida LLC

ARTICLEY

NAME. The name and location of the Company shall be:

ARMANIS HOUSE LLC 5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS. The location of the principal place of business of the Company shall be:

5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819

ARTICLE III

REGISTERED AGENT. The name and location of the registered agent of the Company shall be:

US TAX CONSULTING INC 5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819

ARTICLE IV

BUSINESS PURPOSE. The purpose of the Company will engage in my business under the law of the United States of America and the States of America and America

ARTICLE V

LISTING OF AUTHORIZED MEMBERS

Signed and Agreed this 30th day of August, 2016.

Favius Eduardo Armani

AMBR

Avenida Angelica 1777 apt 61 Sao Paulo, SP 01227-200 BR

AMBR

Avenida Angelica 1777 apt 61 Sao Paulo, SP 01227-200 BR

Authorized by Member(s) to provide Member Listing as of 50th day of August, 2016.

Favius Eduardo Armani

Fatima V las Boas

ARTICLES VI

CAPITAL CONTRIBUTIONS

Pursuant to ARTICLE 2, the Members' initial contribution to the Company capital is stated to be \$1,000.00. The description and each individual portion of this initial contribution are as follows:

NAME	CAPITAL	PERCENT
Fayius Eduardo Armani	\$500	30%
Fatima Vilas Boas Cruz	\$500	50%

Signed and Agreed this 30th day of August, 2016.

- Jem avi

Favius Eduardo Armani

Fatima Vilas Beas Cruz

ACKNOWLEDGMENT

State of Florida

County of Orange

On August 30th, 2016 before me, Danilo Santana, notary, appeared Favius Eduardo Armani and Fatima Vilas Boas Cruz personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official scal.

Signature

Notary - Danilo Santana

DANILO P. SANTANA
Notary Public - State of Fiorida
Commission # FF 245865
My Comm. Expires Jun 30, 2018
Bonded through National Notary Assn.