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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : US TAX CONSULTING INC
Account Number : 120160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
VTR USA LLC

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION

OF

VTR USA LLC

A Florida LLC

ARTICLE I

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

**VTR USA 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 any and all lawful business under the law of the United States of America and the State of Florida.

ACKNOWLEDGMENT

State of Florida

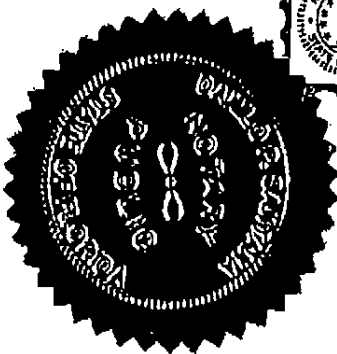
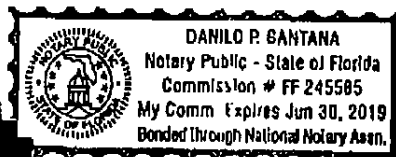
County of Orange

On September 06th, 2016 before me, Danilo Santana, notary, appeared Vitor Gabriel Saccomanno and Tatiane dos Santos Origa Saccomanno 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 seal.

Signature


Notary - Danilo Santana



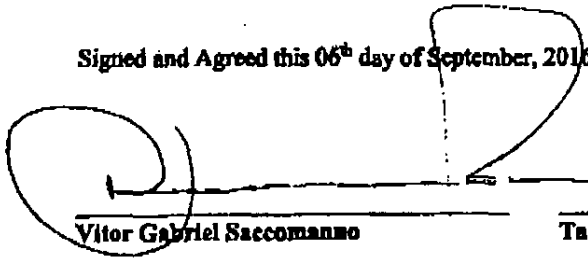
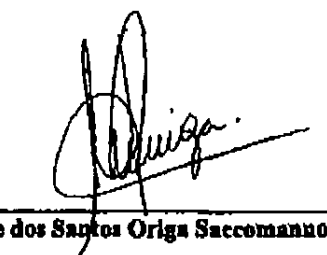
ARTICLES VI

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
Vitor Gabriel Saccomanno	\$900	90%
Tatiane dos Santos Origa Saccomanno	\$100	10%

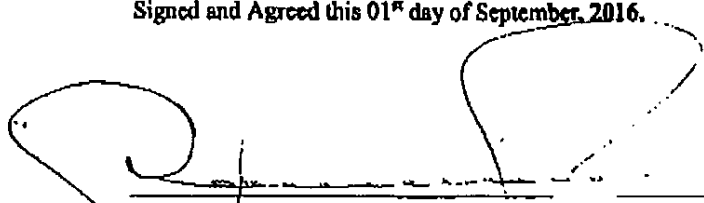
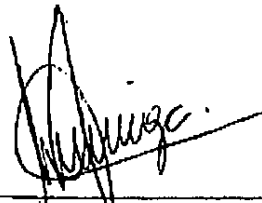
Signed and Agreed this 06th day of September, 2016.

	
Vitor Gabriel Saccomanno	Tatiane dos Santos Origa Saccomanno

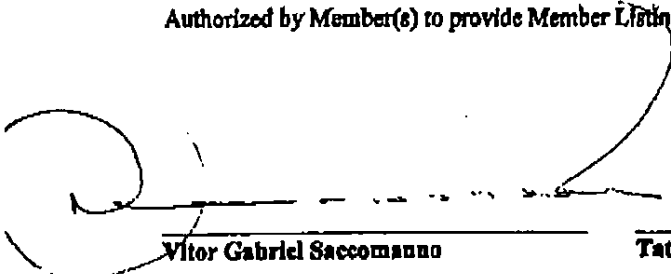
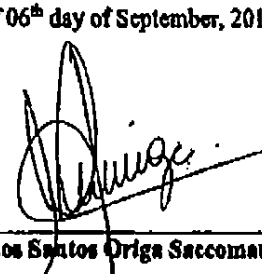
ARTICLE V

LISTING OF AUTHORIZED MEMBERS

Signed and Agreed this 01st day of September, 2016.

 _____ Vitor Gabriel Saccomanno AMBR Rua Dr. Rubens Meirelles São Paulo, SP 01141-000 BR	 _____ Tatiane dos Santos Origa Saccomanno AMBR Rua Dr. Rubens Meirelles São Paulo, SP 01141-000 BR
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Authorized by Member(s) to provide Member Listing as of 06th day of September, 2016.

 _____ Vitor Gabriel Saccomanno	 _____ Tatiane dos Santos Origa Saccomanno
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