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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
SMAM PARTICIPACOES SOCIETARIAS, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL 32301

HENDERSON

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SEP 23 2016

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

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

SMAM PARTICIPAÇÕES SOCIETÁRIAS, 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

FILED
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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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P. 003/005

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)

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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:

SMAM PARTICIPAÇÕES SOCIETÁRIAS, LTDA
Rua Joaquim Pedro Soares, No 313
Novo Hamburgo 93.510-320, Brasil

MANAGER 100%

MARIA SILEZIA PEREIRA
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

MANAGER

ADRIANO PEREIRA DE CAMPOS
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

MANAGER

MARCIO ADRIANO DE CAMPOS
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

MANAGER

MARCO ANTONIO DUTRA DA SILVA
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

MANAGER

MELISSA PEREIRA DE CAMPOS
7131 GRAN NATIONAL DR. SUITE # 103
ORLANDO, FL 32819

MANAGER

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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.)*


MARIA SILESIA PEREIRA
Typed or printed name of signer

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SECRETARY OF FLORIDA