

SEP/29/2016/THU 11:12 AM

P. 001

**LIB000182178**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000239955 3)))



H160002399553ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
LSP CONSTRUCTORA E INCORPORADORA, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

J. FASON

SEP 29 2016

SEP/29/2016/THU 11:12 AM

FAX No.

P.002



September 28, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: LSP CONSTRUTORA E INCORPORADORA, LLC  
REF: W16000066744

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H16000239955  
Letter Number: 516A00020842

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

**ARTICLE I**

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

**LSP CONSTRUTORA E INCORPORADORA, 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

15 SEP 29 AM 10:10  
P. 003

**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:*

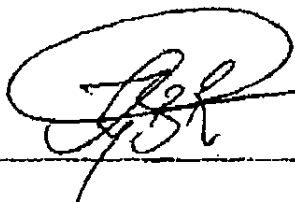
**ECCO PLANET USA, LLC**

*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:**

**LSP CONSTRUTORA E INCORPORADORA LTDA**  
Rua Joaquim Pedro Soares, numero 1099, Sala 101, Centro  
Nova Hamburgo, BR 93520-600.

**MANAGER 100%**

**LUDIMAR SPARRENBARGER**  
7131 Gran Nacional Dr, Suite 7103  
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 Ludimar Sparrenbarger  
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.)*

**LUDIMAR SPARRENBARGER**  
*Typed or printed name of signee*

## **ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is ANY AND ALL LAWFUL BUSINESS.*