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.

(((H16000295524 3)))



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

: (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. SCOPI SISTEMAS, LLC

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

M. MOON

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 0 2 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

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

SCOPI SISTEMAS, 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

SECTA ANY OF STATE

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

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

Registered Agent's Signature (REQUIRED)

15 DEC - 2 PM 1: 51

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:

MARCOS KAYSER	MANAGER	34%
Rua Tristao Monteiro # 1645		
Taquara- RS Brazil Cp: 95600-00		
CARLOS HENRIQUE LINDEN	MANAGER	34%
Rua Tristao Monteiro # 1645		•
Taquara- RS Brazil Cp: 95600-00		
MARCELO BECK	MANAGER	22%
Rua Tristao Monteiro # 1645		
Taquaro- RS Brazil Cp: 95600-00		
CASSIANO BRENNER	MANAGER	6%
Rua Tristao Monteiro # 1645		
Taquaru- RS Brazil Cp: 95600-00		
PEDRO KAYSER	MANAGER	4%
Rua Tristao Monteiro # 1645		
Taquarg- RS Brazil Cp: 95600-00		

16 0FC -2 PN 1:51

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 MAN AND PARTY Signature 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 perifyry that the facty stated herein are true.)

CARCOS INFRANCE LISTORY

Truck of printed name of signer

16 DEC -2 PM 1:51