

DEC/19/2016/MON 12:07 PM

FAX No.

P. 001

12/19/2016

Division of Corporations

L16000228707

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
NEW MASTER INFORMATICA, LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

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

**ARTICLE I**

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

**NEW MASTER INFORMATICA, 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**  
**16 DEC 19 PM 2:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:*

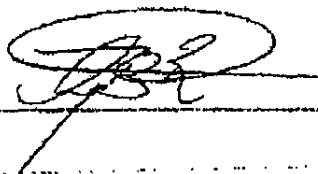
**ECCO PLANET USA, LLC**

*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:**

**NEW MASTER INFORMATICA LTDA ME**  
Rua Jacob Pilger, 200 sala 01, Bairro Centro,  
Nova Hartz 93890-000, Brazil

**MANAGER 100%**

**JONATAN ALEX MULLER**  
7131 GRAN NATIONAL DR. SUITE #103  
ORLANDO, FL 32819

**MANAGER**

**IRENI MULLER**  
7131 GRAN NATIONAL DR. SUITE #103  
ORLANDO, FL 32819

**MANAGER**

#### ARTICLE V

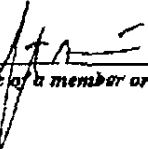
*Effective date, if other than the date of filing (OPTIONAL) -  
(If an effective date is listed, the date must be specific and cannot be more than five  
business days prior to or 90 days after the date of filing.*

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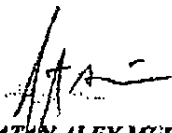
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**REQUIRED: SIGNATURE**

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.)*

  
**JONATHAN ALEX MULLER**  
*Typed or printed name of signer*