

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L17000023724**

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**To:**

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

*Sending  
Correction*

**From:**

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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.  
VIRTUAL CONNECTION USA, LLC**

Certificate of Status	0
Certified Copy	0
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FILED  
17 JAN 31 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 01 2017

K. Brumbley



January 31, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: VIRTUAL CONNECTION USA, LLC  
REF: W17000008800

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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

Catherine M Wood  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E17000028387  
Letter Number: 217A00001920

P.O. BOX 6327 - Tallahassee, Florida 32314

3No

H17000028387

**ARTICLES OF ORGANIZATION  
FOR  
VIRTUAL CONNECTION USA, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**VIRTUAL CONNECTION USA, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**201 South Biscayne Blvd.  
Suite #1200, Miami, FL 33131**

**ARTICLE III – Registered Agent, Registered Office and Registered Agent's  
Signature:**

**Corey E. Hoffman  
3250 Mary Street  
Suite 303  
Coconut Grove, FL 33133**

*Having been named as registered agent and to accept or 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.*

COREY E. HOFFMAN

By: 

COREY E. HOFFMAN  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Manager(s) or Managing Members**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MEM"= Member

"MGRM"= Managing Member

**MGRM:**

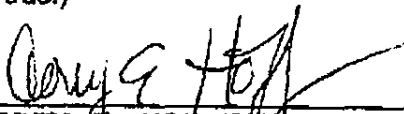
**Name and address:**

Emilio Guimarães Oliveira  
Street: Avenida Afonso Pena  
Number: 3570  
City: Uberlandia  
State: Minas Gerais  
Country: Brazil  
ZIP CODE: 38400-710

**ARTICLE V – CONTINUATION AFTER VOLUNTARY TERMINATION**

In the event of termination of the Limited Liability Company due to death, retirement, resignation, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interests then remaining shall have agreed to do so in writing.

(In accordance with section 605.02030 of Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
COREY E. HOFFMAN, as the Authorized  
Representative of a Member

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