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C. GOLDEN FEB - 3 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date: 2/3/17

Name: Granlog Three Global, LLC Document #: My New Company Order #: Certified Copy of Arts & Amend: Plain Copy. Certificate of Good Standing: Apostille/Notarial Country of Destination: Certification: Number of Certs: Filing: Certified: Plain: COGS:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2017 FEB -3 PH 3: 31

ARUICLE I - Name: The name of the Limited Liability Company is:

GranLog Three Global, LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "ELC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2 S. Biscayne Blvd. 3200	2 S. Biscayne Blvd, 3200
Miami, FL 33131	Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The I imited 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:

	Name	
2 S. Biscayne Blvd	3200	
Florida street addres	ss (P.O. Box <u>NOT</u> at	rceptable)
	-	33131
Miami	F}_	17,17,1

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 standes 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Renato Cesar de Mattos
	R Paschoal Alfredo Soranz 97 QD C08 LOTE 09 Parque Residencial Vill
	Sorocaba, Sao Paulo Brazil 18051-881
AMBR	Heber Fernando de Mattos
	R Saverio Floriano Fazzio 30 Jardim Residencial Vicente de Moraes
	Sorocaba Sao Paulo Brazil 18087-492
AMBR	Clovis Caetano de Oliveira Santos Junior
THE PART OF THE PA	AV Jorge Jamil Zamur, 1123 Jardim Ibiti do Paco
	Sorocaba Sao Paulo Brazil 18086-050
	
Use attachment if necessary)	
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•	State's records.
EVI: Other provisions, if any.	
EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memb This document is executed 1 am aware that any false inf	
Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel Ed Tsuji, Authorized	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
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Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel Ed Tsuji, Authorized T \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. I Representative Typed or printed name of signce Filing Fees: mization and Designation of Registered Agent
Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel Ed Tsuji, Authorized T \$125.00 Filing Fee for Articles of Organ	Der or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. I Representative Typed or printed name of signce Filing Fees: mization and Designation of Registered Agent