

MAY/05/2017/FR 12:58 PM

5/5/2017

FAX No.

P. 001

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
BKS USA, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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MAY 08 2017

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

**ARTICLE I**

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

**BKS USA, 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**  
8834 FROUDE AVE.  
SURFSIDE, FL 33154

**Mailing Address**  
8834 FROUDE AVE.  
SURFSIDE, FL 33154

FILED  
MAY 11 2017  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

17 MAY -5 PM 2:53

**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:**

**R&P ACCOUNTING & TAXES, INC**

*Name*

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

**Florida Street address (P.O. Box NOT acceptable)**

**MIAMI, FL. 33131**

**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)**

FILED  
MAY 5 2017  
MIAMI, FLORIDA

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**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:**

**PAULA PINHEIRO DE ALCANCAR PINTO VILLAS BOAS**  
8834 Froude Ave  
Surfside, FL 33154

**AUTHORIZED MEMBER 51%**

**BRUNO BENEVIDES**  
8834 Froude Ave  
Surfside, FL 33154

**AUTHORIZED MEMBER 49%**

17 MAY -5 PM 2:53  
FALLMANSSEL, FL 33154

## 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~~  
~~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.)*

PAULA PINHEIRO DE ALENCAR PINTO VILLAS BOAS / BRUNO BENEVIDES

## 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 FASHION WHOLESALE, RETAIL, IMPORT & EXPORT

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