OCT/04/2017/WED 01:51 PM

17000205052

10/4/2017

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H17000261217 3)))



H170002612173ABC.

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 Phone Tedmuk xs7 : (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. ESTRUTURA ENTERPRISE USA LLC

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

2.001/005

Electronic Filing Menu

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:

TICKETAN 9: 05

### ESTRUTURA ENTERPRISE USA LLC

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

#### ARTICLE II UGI

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

17 OCT -4 AM 9: 0

#### ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signaturer

(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

Nath

7131 GRAN NATIONAL DR. SUITE #103
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819
FL City, State, and Zin

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

## 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:

DORA PAULINA SALIMENI
7131 Gran National Dr. Suite # 103
Orlando, FL 32819

**AUTHORIZED MEMBER** 

99%

fections comits

JULIANA SALIMENI DOS SANTOS CORREA 7131 Gran National Dr. Suite # 103 Orlando, FL 32819

MANAGER

1%

TOCT-4 AM 9: 05

17 OCT -4 AM 9: 05
SECRITARY OF STATE
FALLAHASSEE, FLORIDA

#### 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

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(I) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury that the facts stated herein are true.)

DORA PAULINA SALIMENT Typed or printed name of vignes