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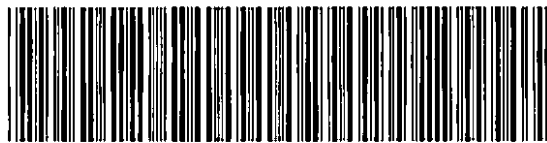
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**DATE:** 2/26/18

**NAME:** QUATTRO FLORIDA LLC

**TYPE OF FILING:** ARTICLES

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**ACCOUNT:** FCA000000015

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I      NAME**

The name of the Limited Liability Company is:

QUATTRO FLORIDA LLC

## **ARTICLE II      ADDRESS**

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

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

## **ARTICLE III      REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

BP TAX ADVISORY LLC

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

*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

  
\_\_\_\_\_  
BRUNO PEIXOTO / Registered Agent's signature

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JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

PAGE 2 QUATTRO FLORIDA LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

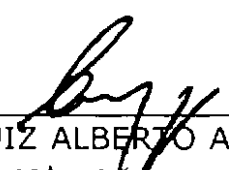
LUIZ ALBERTO ANDRADE LEAL JUNIOR

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

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X

  
LUIZ ALBERTO ANDRADE LEAL JUNIOR / Authorized Representative's  
signature

*(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony provided for in s.817.155, F.S.)*

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