

Florida Department of State  
Division of Corporations  
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# L18000072645

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((H180000842073))



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

From:  
Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080800045  
Phone : (302) 645-7400  
Fax Number : (302) 645-1280

\*\*Enter the email address for this business' entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Honey SLS 4601 Properties LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MAR 22 2018

K. Brumbley

**FAX COVER SHEET**

TO

COMPANY

FAXNUMBER 18506176383

FROM Harvard Filings Team

DATE 3/21/2018 16:32:26 EDT

RE Honey SLS 4601 Properties LLC

**COVER MESSAGE**

Hello,

Kindly find attached Florida Articles of Organization. Please file with routine service, thank you!

Any questions, please do not hesitate to contact our office.

*Thank you for your business!*

Kind Regards,  
Shannon Manerchia  
Corporate Filings Specialist

Harvard Business Services, Inc.  
16192 Coastal Highway  
Lewes, DE 19958 USA  
302-645-7400 ext 6910  
1-800-345-2677  
[filings@delawareinc.com](mailto:filings@delawareinc.com)  
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To: Page 4 of 6  
850-617-8381

3/21/2018 16:32:53 EDT  
3/16/2018 2:17:18 PM PAGE 1/001

13022694705 From: Harvard Filings Team  
Fax Server



March 16, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVARD BUSINESS SERVICES, INC

SUBJECT: HONEY SLS 4601 PROPERTIES LLC  
REF: W18000025872

We have received your document for HONEY SLS 4601 PROPERTIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H18000084207  
Letter Number: 518A00005398

(((H18000084207 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Honey S&S 4601 Properties LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:Junca 1378 of 804Montevideo Uruguay CP 11100Junca 1378 of 804Montevideo Uruguay CP 11100

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Registered Agents Inc.

Name

3030 N. Rocky Point Dr., STE 150AFlorida street address (P.O. Box NOT acceptable)Tampa

City

FL

State

33607

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV:**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Antonio Augusto Miele

Rua Serido, n° 106 apt. 81A

São Paulo, Brazil, 01455-040

MGR

João Luiz Miele

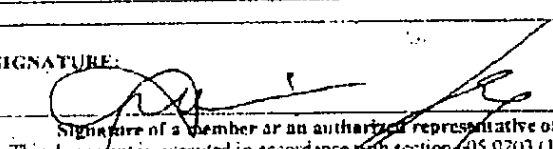
Rua Serido, n° 106 apt. 111D

São Paulo, Brazil, 01455-040

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any:**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s. 817.135, F.S.

Antonio Augusto Miele and João Luiz Miele

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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