

Florida Department of State
Division of Corporations
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L1800072659

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To: Division of Corporations
Fax Number : (950) 612-6331

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Honey SLS 4701 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

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Harvard Filings Team
DATE	3/21/2018 16:32:23 EDT
RE	Honey SLS 4701 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
www.delawareinc.com
Skype: Delawareinc

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If you would like to view our new brochure titled, "The Insider's Guide: What You Need To Know Before, During, and After Forming A Business Entity," click here:
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To: Page 4 of 6
850-617-6381

3/21/2018 16:32:37 EDT
3/16/2018 12:17:27 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 4701 PROPERTIES LLC
REF: W18000025813

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000084211
Letter Number: 818A00005375

P.O BOX 6327 -- Tallahassee, Florida 32314

(((H18000084211 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Honey SLS 4701 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:Juncal 1378 of 804Juncal 1378 of 804Montevideo Uruguay CP 11100Montevideo Uruguay CP 11100

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:

Registered Agents Inc.

Name

5050 N. Rocky Point Dr., STE 150AFlorida street address (P.O. Box NOT acceptable)TampaFL33607

City

State

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 MieleRua Serido, nº 106, apt. 81ASão Paulo, Brazil, 01455-0140MGRJoão Luiz MieleRua Serido, nº 106, apt. 111DSão Paulo, Brazil, 01455-0140

(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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