

618000073749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

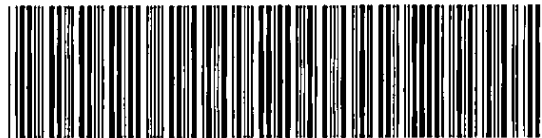
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

MAR 26 2018



000309903520

RECEIVED
DEPARTMENT OF STATE
18 MAR 23 PM 4:08

FILED
18 MAR 23 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 3/23/18

NAME: NOVAIS & MENEZES LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

18 MAR 23 AM 9:43
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

NOVAIS & MENEZES 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

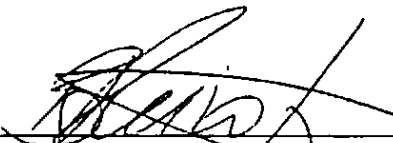
The name and the Florida street address of the registered agent are:

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

FILED
18 MAR 23 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 NOVAIS & MENEZES LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

ANDRE CAMEIRA NOVAIS

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

AUTHORIZED MEMBER

MARCIA DE MENEZES VALERIO NUNES

848 BRICKELL AVENUE, STE 1130

MIAMI, FLORIDA 33131

FILED
18 MAR 23 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X

ANDRE CAMEIRA NOVAIS / 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 as provided for in s.817.155, F.S.)