

500314498415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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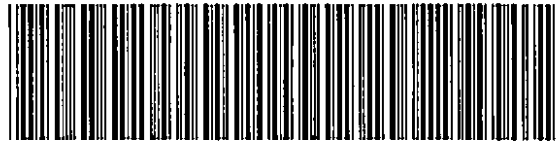
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUN 15 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
JUN 19 2018

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BRAZIL SIMULATION CONSULTING GROUP, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID M. GLASSBERG, ESQ

\_\_\_\_\_  
Name of Person

GLASSBERG & GLASSBERG, P.A.

\_\_\_\_\_  
Firm/Company

13611 S. DIXIE HIGHWAY, #109-514

\_\_\_\_\_  
Address

MIAMI, FL 33176

\_\_\_\_\_  
City/State and Zip Code

GLASSBERGLAW@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID M. GLASSBERG      305      669-9535  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAZIL SIMULATION CONSULTING GROUP, 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:

6355 N.W. 36 STREET

SUITE #609

VIRGINIA GARDENS, FL 33166

Mailing Address:

6355 N.W. 36 STREET

SUITE #609

VIRGINIA GARDENS, FL 33166

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:

ALEXANDRO PINHO

Name

6355 N.W. 36 STREET, SUITE #609

Florida street address (P.O. Box NOT acceptable)

VIRGINIA GARDENS

FL

33166

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)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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 AMBR

**Name and Address:**

ALEXANDRO PINHO

6355 N.W. 36 STREET, SUITE #609

MIAMI, FL 33166

AMBR

EZIO FERREIRA JUNIOR

6355 N.W. 36 STREET, SUITE #609

MIAMI, FL 33166

AMBR

CLAUDIO RUFINO DA SILVA

6355 N.W. 36 STREET, SUITE #609

MIAMI, FL 33166

(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:**

x

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.817.155, F.S.

<

ALESSANDRO PINHO

Typed or printed name of signee

**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)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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