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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800) 432-3622

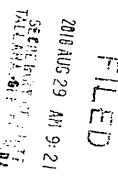
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

PH 12: 50

## FLORIDA LIMITED LIABILITY CO. **2501 SIB LLC**

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |



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Corporate Filing Menu

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## **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: 2501 SIB 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:  |
| Name of Person   |
| Capitol Services - Corporate Filings Team  |
| Firm/Company   |
| 515 East Park Avenue 2nd Fl  |
| Tallahassee, FL 32301  |
| City/State and Zip Code nmous@citco.com / mbeaujon@citco.com   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| at ( 855 ) 498 - 5500  |
| Name of Person Aren Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status 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   |
| to a standard Marie Mari |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   | 2501 SI  | BLLC                              |                 |
|---|--|-----------------------------------|-----------------|
| (Must cont  | ain the words "Limited Liability   | y Compeny, "L.L.C.," or "LLC.")   | •               |
| ARTICLE II - Address:<br>The mailing address and street a | ddress of the principal office of  | the Limited Liability Company is: |                 |
| Princin   | al Office Address:   | Malling Address:                  |                 |
| Integritas (RA)   |  | 350 Park Avenue                   | -               |
| 2nd Floor Centre o  | f Commerce, Suite 200 A  | 29th Floor                        |                 |
| One Bay Street, P.O.                                      | . Box N-3703, Nassau, BAH  | New York, NY 10022                | _               |
| The name and the Florida street                           | address of the registered agent  | are:                              | 4               |
| The name and the Florida street                           | Capitol Corporate S  | ervices, Inc.                     | 2018 AUG        |
| The name and the Florida street                           | Capitol Corporate S Name  515 East Park Aven   | ervices, Inc.                     | 52 SUN BIOZ     |
| The name and the Florida street                           | Capitol Corporate S  | ue 2nd Fl Box NOT acceptable)     | 29<br>21        |
| The name and the Florida street                           | Capitol Corporate Sent Name  515 East Park Aven Florida street address (P.O. Tallahassee FL 32 | ue 2nd Fl Box NOT acceptable)     | SECREBERT IN SI |

(CONTINUED)

| Citle:   | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  |  |
| MGR" = Manager   |  |
| MGR  | Elias Calil Jorge, R Domenico Perotti, 50 Apt.   |
|  | 261, CEP 05704088, Sao Paolo, Brazil   |
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| (Use attachment if necessary)  |  |
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