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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (950) 617-6381

From:

Account Name : BUSINESS CHOICE, INC.
Account Number : I20010000004
Phone : (954) 782-1829
Fax Number : (954) 697-0245

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
JR 7 PARTICIPACOE, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
2018 SEP 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JR 7 PARTICIPACOES, 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:

1369 E. Sample Rd. # 105

Pompano Beach, FL 33064

1369 E. Sample Rd. # 105

Pompano Beach, FL 33064

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:

Jose Raimundo Santos De Souza

Name

1369 E. Sample Rd. # 105

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

Pompano Beach

FL

33064

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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TALLAHASSEE, FL**

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Business Choice, Inc.

1369 East Sample Rd. - Pompano Beach, FL 33064

Ph: (954) 782-1829 - Fax (954) 697-0245

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jose Raimundo Santos De Souza

R. Antonieta Revoredo, 364 - Vila Elvira

Sao Paulo, SP - 04725-010 - Brazil

AMBR

Marcia Adriana Silva Souza

R. Antonieta Revoredo, 364 - Vila Elvira

Sao Paulo, SP - 04725-010 - Brazil

(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.817.155, F.S.

Jose Raimundo Santos De Souza

Typed or printed name of signee

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Business Choice, Inc.

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