

L190000031176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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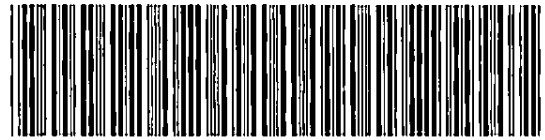
(Business Entity Name)

(Document Number)

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SCHROEDER



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/06/2019

Name: Merritt Walker

Reference #: 1044519

Entity Name: STEVIA SOUL, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: WW

**ARTICLES OF ORGANIZATION
OF
STEVIA SOUL, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **STEVIA SOUL, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**201 S. Biscayne Boulevard
#1200
Miami, Florida 33131**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**Cogency Global Inc.
115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301**

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.

COGENCY GLOBAL INC., as Registered Agent

By: Merritt Knuckle
Name: Merritt Knuckle
Title: Asst. Secretary

ARTICLE IV: - Management

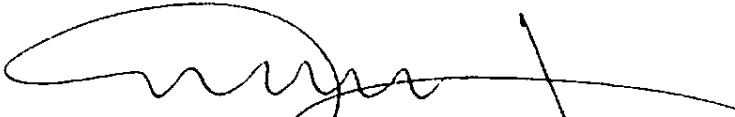
The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	SteviaFarma Industrial S.A. Rua Stevia, 319 Maringa, PR 87070-130 Brazil

* * * * *

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on February 6th, 2019.



Felipe Berer, authorized representative of a Member

(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 Section 817.155, Florida Statutes.)

Felipe Berer
Typed or printed name of signee

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JENNIFER L. STAFF
CLERK OF THE FLORIDA
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