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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
YORKSHIRE CAPITAL AND SERVICES LLC**

Certificate of Status	0
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MAY - 9 2019
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: Name

The name of the Limited Liability Company is:

YORKSHIRE CAPITAL AND SERVICES LLC

ARTICLE II: Address:

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

2186 NW 89TH PLACE
DORAL, FL 33172


ARTICLE III: Registered Agent, Office, and Agent's Signature:

THIAGO LONDE

2186 NW 89TH PLACE
DORAL, FL 33172

FILED
19 MAY - 8 AM 10:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 provided for in Chapter 605, F.S.



Registered Agent's Signature

**PREPARED BY:
JN ACCOUNTING AND TAX SERVICE, INC.
10305 N.W. 41ST STREET, SUITE 116
DORAL, FL 33178**

ARTICLE IV: Management

The name and address of the person authorized to manage and control the Limited Liability Company, YORKSHIRE CAPITAL AND SERVICES LLC is:

Title: AMBR

Carlos Eduardo Verne – R. Loureiro Da Cruz 63 173A, Sao Paulo SP 01629-020 Brazil

Title: MGR


Thiago Londe - 2186 NW 89th Place, Doral FL 33172

ARTICLE V: Amendment of Article of Organization

The company reserves the right to amend, alter, change, or repeal any provisions contained in these articles of organizations in the manner now or hereafter prescribed by statute and all rights conferred upon Members herein are granted subject to this reservation.

Effective Date: May 06, 2019

Signature of member or an authorized representative of a member:



Thiago Londe

I am the member or authorized representative of a member submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
19 MAY - 8 AM 10:47
DEPT. OF STATE
TALLAHASSEE, FL 32399