

# L19000183810

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2019 JUL 29 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

JUL 30 2019

**COVER LETTER**

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

**SUBJECT:** ORANGE BUTTERFLY ADVENTURE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICK MAGNO

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

MAGNO AND ASSOCIATES

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

1401 BRICKELL AVENUE STE 420

\_\_\_\_\_  
Address

MIAMI-FL 33131

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

PALOMA@MAGNOLAW.COM

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

For further information concerning this matter, please call:

ERICK MAGNO

at ( 305 ) 379-4400

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Articles of Domestication: \$25  
Articles of Organization: \$125  
Total to Domesticate and file: \$150



2019 JUN 29 PM 12:53

**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

June 24, 2019

**OLIVIA SCHUCHOVSKI**  
**1401 BRICKELL AVENUE STE 420**  
**MIAMI, FL 33131**

**SUBJECT: ORANGE BUTTERFLY ADVENTURE LLC**  
**Ref. Number: W19000059073**

We have received your document for ORANGE BUTTERFLY ADVENTURE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

**Neysa Culligan**  
**Regulatory Specialist II**

**Letter Number: 619A00012683**

FILED

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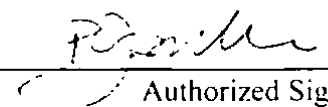
SECRETARY OF STATE  
TALLAHASSEE, FL

# ARTICLES OF DOMESTICATION

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. The date on which the entity was first formed was: AUGUST 26th, 2014
2. The name of the entity immediately prior to the filing of the Articles of Domestication was:  
ORANGE BUTTERFLY ADVENTURE LIMITED
3. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Article of Domestication was: BRITISH VIRGIN ISLANDS
5. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.

I am authorized to sign these Articles of Domestication on behalf of the entity.

  
\_\_\_\_\_  
Authorized Signature

6. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation pursuant to s. 605.1055 (3), Florida Statutes.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ORANGE BUTTERFLY ADVENTURE 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:**

1401 BRICKELL AVENUE

STE 420

MIAMI-FL US

**Mailing Address:**

1401 BRICKELL AVENUE

STE 420

MIAMI-FL US

**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:

MRA ADMIN LLC

Name

1401 BRICKELL AVENUE STE 420

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

MIAMI

City

FL 33131

Zip

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*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)

**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

**Name and Address:**

PAULO VICTTORIO ZAPPULLA

\_\_\_\_\_  
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(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 calend. days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:** \_\_\_\_\_

  
Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), 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 s.817.155, F.S.)

PAULO VICTTORIO ZAPPULLA

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)**