Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000220439 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser to	from this page.
Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email	Address:	mrachetti@pvci.com.uy	

FLORIDA LIMITED LIABILITY CO. SW3 INTERNACIONAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	S155.00

N. SAMS JUL 3 1 2019

90 ö



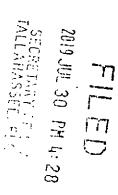
July 29, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

HARVARD BUSINESS SERVICES, INC

SUBJECT: SW3 INTERNATIONAL LLC

REF: W19000068625



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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

Martí Simmons Regulatory Specialist II New Filing Section FAX Aud. #: B19000220439 Letter Number: 519A00015402 (((H19000220439 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
•	,,			
SW3 INTERNACION	NAL LLC			
(Must conta	in the words "Limited	Liability Company	r. "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal c	office of the Limite	d Liability Company is:	
Principa	ıl Office Address:		Mailing Address:	
Rua Haddock lobo, 1	31, suite_1307.		a Haddock lobo, 131, suite 1307.	
Cerqueira Cesar			rqueira Cesar	<u></u>
01414-001, São Paulo	o/SP, Brazil	<u>01</u>	414-001, São Paulo/SP, Brazil	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration address of the registered	Registered Agent on.) dagent are:	ent's Signature: . You must designate an individual	SSECTION TO THE OPENING TO THE OPENI
	Registered Agents Ir			<i>ī</i> \(\sigma\)
		Name		Ç
	7901 4th Street N. S.	te 300		
	Florida street addres		acceptable)	
	St. Petersburg	FL.	33702	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro	I hereby accept the app ovisions of all statutes r ligations of my position	cointment as registe elating to the propart as registered agen	ne above stated limited liability con red agent and agree to act in this c er and complete performance of my t as provided for in Chapter 605. F.	apacity. 1 duties, and 1

(CONTINUED)

ARTICLE IV-

(((H19000220439 3)))

$\frac{\text{Title:}}{\text{"AMBP"}} = A$	uthorized Member	Name and Address:
"MGR" = Ma		Bruno Rodrigueiro Niro Rua Haddock lobo, 131, suite 1307, Cerqueira Cesar, 01414-001, São Paulo/SP, Brazil
AMBR		Thiago Cavalcante Rua Haddock lobo. 131. suite 1307. Cerqueira Cesar.
AMBR		Tiago Brandão Mateus Rua Haddock lobo, 131, suite 1307, Cerqueira Cesar. 01414-001, São Paulo/SP, Brazil
		
RTICLE V: Effective fan effective date is ne date of filing.) Note: If the date inser he document's effecti	listed, the date must be spec ted in this block does not me we date on the Department of	of filing:
RTICLE V: Effective fan effective date is ne date of filing.) Note: If the date inser	e date, if other than the date o listed, the date must be spec ted in this block does not me we date on the Department of	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective for an effective date is ne date of filing.) Note: If the date inser the document's effective RTICLE VI: Other p	e date, if other than the date o listed, the date must be spec ted in this block does not me we date on the Department of	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective for an effective date is ne date of filing.) Note: If the date inser the document's effective RTICLE VI: Other p	e date, if other than the date of listed, the date must be spected in this block does not me we date on the Department of rovisions, if any. SIGNATURE: Signature of a men This document is execute I am aware that any false is	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)