

L19000184330

Florida Department of State
Division of Corporations
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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	\$155.00

N. SAMS
JUL 31 2019

2019 JUL 30 AM 9:06

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2019 JUL 30 PM 4:28
STATE DEPT OF CORP.
TALLAHASSEE, FL 32399



July 29, 2019

HARVARD BUSINESS SERVICES, INC
FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: SW3 INTERNATIONAL LLC
REF: W19000068625

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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.

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

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000220439
Letter Number: 519A00015402

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SW3 INTERNACIONAL 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:Rua Haddock lobo, 131, suite 1307.Rua Haddock lobo, 131, suite 1307.Cerqueira CesarCerqueira Cesar01414-001, São Paulo/SP, Brazil01414-001, São Paulo/SP, Brazil

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:

Registered Agents Inc.

Name

7901 4th Street N, Ste 300Florida street address (P.O. Box **NOT** acceptable)St. PetersburgFL33702

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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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:**Bruno Rodrigueiro NiroRua Haddock lobo, 131, suite 1307, Cerqueira Cesar,
01414-001, São Paulo/SP, BrazilAMBRThiago CavalcanteRua Haddock lobo, 131, suite 1307, Cerqueira Cesar,
01414-001, São Paulo/SP, BrazilAMBRTiago Brandão MateusRua Haddock lobo, 131, suite 1307, Cerqueira Cesar,
01414-001, São Paulo/SP, 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.Bruno Rodrigueiro Niro

Typed or printed name of signer

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FL

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