

2019-09-13 16:43

8/13/2019

# L19000275376

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ONE NATURE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
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Electronic Filing Menu

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Help

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SEP 16 2019

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE NATURE, L.L.C.

(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:4700 NW BOCA RATON BLVD, STE 202  
BOCA RATON, FLORIDA - 334314700 NW BOCA RATON BLVD, STE 202  
BOCA RATON, FLORIDA - 33431

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ELO ENTERPRISES, INC

Name

4700 NW BOCA RATON BLVD, STE 202Florida street address (P.O. Box NOT acceptable)

<u>BOCA RATON</u>	<u>FL</u>	<u>33431</u>
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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TALLAHASSEE, FL  
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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

MGR

**Name and Address:**

ADILES CARVALHO VIEIRA

4700 NW BOCA RATON BLVD, STE 202

BOCA RATON, FLORIDA 33431

MGR

THADEU CRESPO PARAVIDINO

4700 NW BOCA RATON BLVD, STE 202

BOCA RATON, FLORIDA 33431

MGR

JOSE INACIO DA SILVA FILHO

4700 NW BOCA RATON BLVD, STE 202


BOCA RATON, FLORIDA 33431

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/10/2019 (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.

ADILES CARVALHO VIEIRA

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL

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