

URGENT

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : FILINGS, INC.
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
K E K EMPREENDIMENTOS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FL

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
OF
K E K EMPREENDIMENTOS LLC

ARTICLE I - NAME

The name of the limited liability company is **K E K EMPREENDIMENTOS LLC**
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
2101 NW Corporate Blvd.
Suite 300
Boca Raton, FL 33431

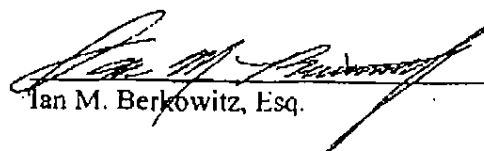
Mailing Address:
2101 NW Corporate Blvd.
Suite 300
Boca Raton, FL 33431

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Ian M. Berkowitz, Esq.
2101 NW Corporate Boulevard, Suite 300
Boca Raton, Florida 33431

*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.*


Ian M. Berkowitz, Esq.

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Name

Address

K E K Empreendimentos Ltda.
Av. Ville Roy N 1744 - Caçari
Boa Vista - RR - Brazil

ARTICLE V - OTHER MATTERS

This Company is hereby authorized to conduct any and all legal business activities as agreed to by the Members.

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.



Typed or printed name of signer