

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : US TAX CONSULTING INC  
Account Number : 120160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

**\*\*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.  
ALAMO INVESTMENTS LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2020 JAN -5 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/07/20

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ALAMO INVESTMENTS 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:

5401 S KIRKMAN RD STE 135  
ORLANDO FL 32819 US

Mailing Address:

5401 S KIRKMAN RD STE 135  
ORLANDO FL 32819 US

## 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:

US TAX CONSULTING INC

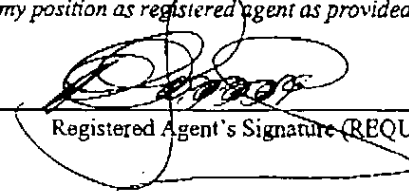
Name

5401 S KIRKMAN RD STE 135

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

<u>ORLANDO</u>	<u>FL</u>	<u>32819</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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

FABIO LUIZ BORBA DE AZEVEDO  
680 E BASSE RD APT 303  
SAN ANTONIO TX 78209

AMBR

PAULO MARIO ARRUDA DE VASCONCELLOS  
2218 OPAL CREEK DR  
SAN ANTONIO TX 78232 US

AMBR

MANOEL JOSE MATTOS DOS SANTOS  
250 TREELINE PARK APT 814  
SAN ANTONIO TX 78209

AMBR

KAREN CRISTINE DE MOURA SARDINHA FREITAS  
300 E BASSE RD APT 2001  
SAN ANTONIO TX 78209

(Use attachment if necessary)

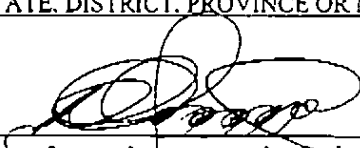
**ARTICLE V:** Effective date, if other than the date of filing: 01/04/2020. (OPTIONAL)

(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.

THIS LIMITED LIABILITY COMPANY MAY ENGAGE IN AND OR TRANSACT ANY AND ALL LAWFUL  
BUSINESS AND OR ACTIVITIES UNDER THE LAWS OF UNITED STATES OF AMERICA. THE STATE OF  
FLORIDA AND OR ANY OTHER STATE. DISTRICT. PROVINCE OR NATION.

**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.

RODRIGO CAVALCANTE / ACCOUNTANT

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)**

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

CARLOS BENICIO SA DE MELLO  
RUA TRINDADE 161  
RIO DE JANEIRO RJ 28911-270 BR

AMBR

ALEX DE FARIAS MAIA  
RUA HILARIO DE GOUVEIA 74  
RIO DE JANEIRO RJ 22040-020 BR

AMBR

ANDREIA LEITE BARBOSA DE MELLO  
AV. LUCIO COSTA 6400 APT 2212  
RIO DE JANEIRO RJ 22630-013 BR

AMBR

RENATO CESAR MELO VASCONCELOS  
1685 DOCENA RD  
CARLSBAD CA 92011 US

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/04/2020 (OPTIONAL)

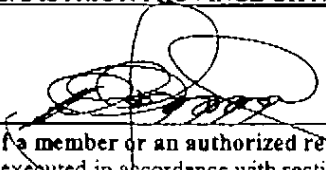
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