Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fak Number

r (850)617-6381

From:

: VDT CORPORATE SERVICES Account Name

Account Number : I20180000047 : (305)878-1518 Phone Fax Number 1 (786) 542-5995 C RICO

MAR 3 1 2020

**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.

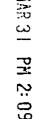
ALFAZUL LLC

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COVER LETTER

	Division of Corporations	
SUBJEC	ALFAZUL LLC	
000400	Name of Limited Liability Company	
The encl	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please re	return all correspondence concerning, this matter to the following:	
	JOAO PEDRO VOLZ	
	Name of Person	
	VDT CORPORATE SERVICES LLC	
	Firm/Company	
	150 SE 2ND AVE SUITE 905	
	Adifress	
	MIAMI, FL 33191	
	City/State and Zip Code	
	INCORPORATION@SAINTIOSEPHGROUP.COM E-mail address: (to be used for future annual report n	otification)
For further	her information concorning this matter, please call:	
·	JOAO PEDRO VOLZ 305 503-9887	
		elephone Number
Enclosed	sed is a check for the following amount:	
\$125.00	20 Filing Fee & \$130.00 Filing Fee & Certified Copy Contificate of Status (additional copy is each	Certificate of Status &
	Mailing Address New Filing Section New Filing Section Division of Corporations P.O. Box 6327 Cilfton Buildi Tallahassee, FL 32314 Cilfton Security Tallahassee, FL 32314	ction orporations ng re Center Circle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

٨	RT	7CI	_E I	- N	ame:

The name of the Limited Liability Company.is:

ALFAZUL 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:

Malling Address:

160 SE 2ND AVE BUITE 906 MIAMI, FL 33131 150 BE 2ND AVE SUITE 908 MIAM), FE 33131

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 Piorida street address of the registered agent are:

VOT CORPORATE SERVICES LLC

Name

150 BE 2ND AVE SUITE 906

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

MIAM

£.

33131

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 occept 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

20 MAR 3 I アM 4: 0

	nborized Member	Name and Address
"MGR" = Mar		
MGR - WALL	wRet	MURILO ZANINI ELEODORO SILVA
		ISO SE 2ND AVE SUITE 906
		MIAMI, FL 33131
		
		*
	 	
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