To: 18506176381 From: 12147128131 Date: 11/05/20 Time: 12:10 PM Page: 01/04

# 200 Division of Corporation Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H2000003832433ABC7

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC. Account Number : 120180000011

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:\_\_

-5 PM 3:0

## FLORIDA LIMITED LIABILITY CO.

#### Zoutt International LLC

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

Electronic Filing Menu

Corporate Filing Menu

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November 5, 2020

# FLORIDA DEPARTMENT OF STATE Division of Corporations

LEGALINC INTERNATIONA LLC

SUBJECT: ZOUTT INTERNATIONAL LLC

REF: W20000127630

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.

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

The name for the one manager is the one with the issue.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Lillie S Kervin Regulatory Specialist II FAX Aud. #: H20000383243 Letter Number: 220A00022154

To: 18506176381 From: 12147128131 Date: 11/05/20 Time: 12:10 PM Page: 03/04 DocuSign Envelope ID: 71FEC164-6791-4951-B214-023C50B4E6F5 (((H20000383243 3))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is. Zoutt International 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: 1221 Brickell Ave Suite 900 1221 Brickell Ave Suite 900 Miami, FL 33131 Miami, FL 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 Florida street address of the registered agent are: Legaline Corporate Services Inc. Name 5237 SUMMERLIN COMMONS BLVD. SUITE 400 Florida street address (P.O. Box NOT acceptable) FORT MYERS Zip City State 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.. Signature (REQUIRED)

(CONTINUED)

(((H20000383243 3)))

To: 18506176381 From: 12147128131 Date: 11/05/20 Time: 12:10 PM Page: 04/04

DocuSign Ervelope ID: 71FEC164-6791-4961-B214-023C50B4E6F5

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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:	
MGR	Helio Vassao Nespoli 10360 County Road 740, Lot 16, Princeton TX, 75407	
(Use attachment if necessary)		
(If an effective date is listed, the date must be spec the date of filing.)	of filing:	
ARTICLE VI: Other provisions, if any.		<u>-</u>
REQUIRED SIGNATURE:	Tochisigned by.  Tochisigned by.  76595F08DF864E3	-
This document is execute I am aware that any false i	inber or an authorized representative of a member. Indicated in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	· · · · · · · · · · · · · · · · · · ·
Jackson Hwu	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)