

11/10/2020

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
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STATE
OF FLORIDA

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GAA LAB CD LLC**

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

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NOV 12 2020

T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAA LAB CD LLC

(Must end with 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:1820 N Corporate Lakes Blvd, Ste 205
Weston, FL 33326Mailing Address:1820 N Corporate Lakes Blvd, Ste 205
Weston, FL 33326

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:

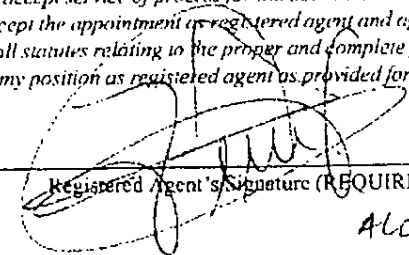
GAA Investments Holding LLC

Name

1820 N Corporate Lakes Blvd, Ste 205Florida street address (P.O. Box **NOT** acceptable)

<u>Weston</u>	<u>FL</u>	<u>33326</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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Alcides Ferreira Filho
Managing PartnerFILED
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FLORIDA

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:**ALCIDES FERREIRA FILHO1820 N Corporate Lakes Blvd, Ste 205Weston, FL 33326MGRJOSE GERALDO JACOB NETO1820 N Corporate Lakes Blvd, Ste 205Weston, FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Racasa IbrahimAlcides Ferreira Filho

Typed or printed name of signer

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)