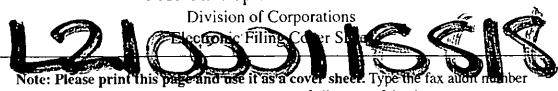
Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number: I2020000009 Phone : (954)544-1000 Fax Number : (954)678-4500

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

Email Address: HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. ABE AMERICA LLC

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

To:

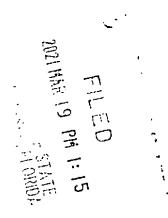
ARTICLE I - Name: The name of the Limited Liability Company is: ABE AMERICA LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 905 TRADEWINDS BND WESTON, FL 33327 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:

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 Signature (REQUIRED)

(CONTINUED)



Name and Address:

ARTICLE IV-

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

Title:	Name and Address:	
• •	Authorized Member	
"MGR" = Ma	nnager	
AMBR	ALBERT FERNANDO BLUM	
	905 TRADEWINDS BND	
	WESTON FL 33327	
AMBR	ANDREA BLUM	
	905 TRADEWINDS BND	
	WESTON FL 33327	
AMBR	ALBERT FERNANDO BLUM	
	AV MANOEL DOS REIS ARAUJO 981	
	SAO PAULO 04664-000	
		<u> </u>
an effective date is e date of filing.) ote: If the date inse	listed, the date must be specific and cannot be more than five business of the date of the date must be specific and cannot be more than five business of the date in this block does not meet the applicable statutory filing requirement (we date on the Department of State's records. Provisions, if any. REAL ESTATE INVESTMENT	days prior to or 90 days after
REOUIRED	Signature of a member or an authorized representative of a represe), Florida Statutes.
	NIRVANDO COLARES BATISTA	2
	Typed or printed name of signee	121
		

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)