	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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	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.
	BLESSED INTERNATIONAL LLC Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00
	Certified Copy 1 OF E Page Count 03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

BLESSED 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:

5332 NW 87 AVE	
STE C 109 # 145	SAME
DORAL, FL 33178	

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:

AMAURI MONTEIRO Name 5332 NW 87 AVE STE C 109 # 145 Florida street address (P.O. Box <u>NOT</u> acceptable)

DORAL		FL	33178
-	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. Thereby 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.

Ist Amauni Monteiro Registered Agent's Signature (REQUIRED)

(CONTINUED)



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Page: 4 of 4

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	<u>AMAURI MONTEIRO</u> 5332 NW 87 AVE STE C 109 # 145 DORAL, FL 33178
MGR	LEANDRO LAURINDO LAJOS
	5332 NW 87 AVE STEC 109 # 145
	DORAL FL 33178
MGR	ELISABETE DA SILVA SANTANA LAJOS
	5332 NW 87 AVE STE C 109 # 145
	DQRAL_FL_33178

(Use attachment if necessary)

Note: If the date inserted in this block does not meet the applicable stanutory 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.

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REQUIRED SIGNATURE:

1s/ Amauri Monteiro

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.

AMAURI MONTEIRO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)