

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

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: arod823@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
CECCONELLO USA LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

2021 APR 30 PM 4:41

2021 APR 30 AM 9:02

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**CECCONELLO USA LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability Company is:*

**Principal Office Address**  
7131 Gran National Drive Unit # 103  
ORLANDO, FL 32819

**Mailing Address**  
7131 Gran National Drive Unit # 103  
ORLANDO, FL 32819

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**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:*

**ECCO PLANET CORP**

Name

**175 SW 7<sup>th</sup> SUITE # 1515**


**Florida Street address (P.O. Box NOT acceptable)**

**MIAMI, FL 33130**

**FL City, State, and 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*

X



**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:**

**Title**

**BUSINESS PRIME, LLC**  
7131 Gran National Drive Unit # 103  
ORLANDO, FL 32819

**AUTHORIZED MEMBER 100%**

**MARCELLA HAACK**  
7131 Gran National Drive Unit # 103  
ORLANDO, FL 32819

**MANAGER**

**DIOGO ROCHA**  
7131 Gran National Drive Unit # 103  
ORLANDO, FL 32819

**MANAGER**

**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.**

**REQUIRED: SIGNATURE**

X Marcella Haack  
**Signature of a member or an authorized representative of a member.**

**(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.**

**MARCELLA HAACK / DIOGO ROCHA**

**Typed or printed name of signee**

Marcella Haack Diogo Rocha

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## **ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is: TRADING SHOES*

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