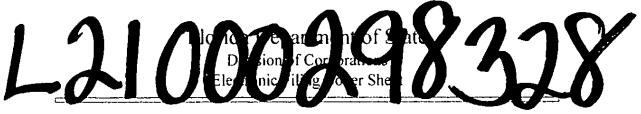
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**Division of Corporations** 



→ 18506176381

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.

(((H210002521013)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VDT CORPORATE SERVICES

Account Number: I20180000047 Phone : (305)878-1516 : (786)542-5995 Fax Number

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

## FLORIDA LIMITED LIABILITY CO. **ASA Capital Ventures LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

# COVER LETTER

/ Di	vision of Corporations		
SUBJECT:	ASA Capital Ventures LLC		
	Name of I	Limited Liability Company	
The enclose	d Articles of Organization and fee(s)	are submitted for filing.	
Please retur	all correspondence concerning this	matter to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	<del></del>
	VDT CORPORATE SERVICES L	LC	
		Firm/Company	<del></del>
	150 SE 2ND AVE SUITE 905		
		Address	<del></del>
	MINN EL 20404	1100/030	
	MIAMI, FL 33131		<u> </u>
1	(ANDRADE@SAINTJOSEPHGRO	City/State and Zip Code DUP.COM	AH
-		ed for future annual report notification)	VILLAHASSE
For further in	formation concerning this matter, ple	ase call:	Ĺu.
	IOAO PEDRO VOLZ	305 503-9867	AM 7: 1
•	Name of Person	Area Code Daytime Telephone Number	7
	a check for the following amount:		
\$125.00 Fil	SI 30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  S160.00 Filing Certificate o Certified Cor (additional copy	f Status & Py
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

17863455904

ASA Capital Ventures 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:
150 SE 2ND AVE SUITE 906	150 SE 2ND AVE SUITE 906
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:

MIAMI	FL	33131
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
150 SE 2ND AVE SUIT	E 905	
	Name	
ADJ COM CHANGE OF	RVICES LLC	

2021 JUN 28 AM 7: 17

Having been named us 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.

(CONTINUED)

Signature (REQUIRED)

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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 MGR	Lesley Scarioli Junior
MOR	150 SE 2ND AVE SUITE 906
	MIAML FL 33131
	NIPONI, FE 33131
MGR	ROGERIO OLIVEIRA NORMAND
	150 SE 2ND AVE SUITE 906
	MIAMI, FL 33131
(Use attachment if necessary)	
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