10/28/21, 1:55 PM



From: Kaity Toon

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210004014453)))



H210004014453ABCV

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## FLORIDA LIMITED LIABILITY CO.

### Aerium Enterprises LLC

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

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OCT 28 DOL

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

2021-10-28 12:56:19 CST

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Aerium Enterprises 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:

4942 S LE JEUNE ROAD CORAL GABLES, FL 33146

4942 S LE JEUNE ROAD CORAL GABLES, FL 33146

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:

C T Corporation System

Mino

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Florida Plantation Cly 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 is appacity. 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 Capts 605. FS

C T Corporation System

By:/s/ Kathryn A. Widdoes, Assistant Secretary
Registered Agent's Signature (REQ) RED

(CONTINUED)

From: Kaity Toon

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 J. Global Energy Inc 5847 San Felipe St. #2850 Houston, TX 77057 (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. REOUIRED 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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Gustavo Oliveira de Sá Benevides

\$ 5.00 Certificate of Status (Optional)