

From: Jtax Corp  
1/11/22, 11:54 AM

Fax: 19546784500

To:

Fax: (850) 617-6381

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1/11/2022 12:00 PM

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

From:  
Account Name : JTAX CORP  
Account Number : I20200000009  
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.  
ASN PROPERTIES LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASN PROPERTIES 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:

23123 STATE RD 7 315 OFFICE B  
BOCA RATON, FL 33428

SAME

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:

JTAX CORP  
Name

23123 STATE ROAD 7 STE 315  
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33428  
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, 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's Signature (REQUIRED)

(CONTINUED)

2022 JAN 11 AM 9:54

ED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ANTONIO DA SILVA NETO  
ALAMEDA DA SERRA 858, APT 804 01  
VILA DA SERRA, NOVA LIMA, MG BRAZIL 34.006 065

AMBR

FREDERICO ALVES NETO  
ALAMEDA PAU BRASIL 95  
FRANCISCO PEREIRA, LAGOA SANTA, MG BRAZIL 33.236-336

AMBR

GUILHERME ALVES NETO  
RUA AZUL DA AMPLIADAO 10  
VALE DOS CRISTAIS, NOVA LIMA, MG, BRAZIL 34.008-071

AMBR

RAFAEL ALVES NETO  
AVENIDA DAS CONSTELACOES 725, BLDG 3 APT 104  
VALE DOS CRISTAIS, NOVA LIMA, MG, BRAZIL 34 008-050

(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.

\_\_\_\_\_  
NIRVANDO COLARES BATISTA

Typed or printed name of signee

**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)