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(((H22000044134 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SJ LAW GROUP PLLC Account Number : I20180000047

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

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FLORIDA LIMITED LIABILITY CO. **CROWN PARTICIPATION LLC**

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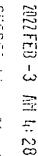
	w Filing Secti vision of Corp					
CUBIECT		ARTICIPATION	LLC			
SUBJECT:	·	Nan	ne of Limi	ted Liabilit	y Company	
The enclose	ed Articles of C	Organization and	fee(s) are	submitted f	or filing.	
Please retur	n all correspor	dence concernin	g this matt	ler to the fo	llowing:	
	CARLA COU	то				
				Name of F	erson	
	VDT CORPO	RATE SERVIC	ES LLC			
			-	Firm/Con	pany	
	150 SE 2ND .	AVE SUITE 905				
				Addre	SS	······································
	MIAMI, FL 3	3131				
				y/State and	Zip Code	
-		VINTJOSEPHGE				
	E-	-mail address: (to	be used for	or future an	nual report notifica	ation)
For further in	formation con-	cerning this matte	er, please	call:		
	JOAO PEDRO	VOLZ	305 at (503-9867	
-	Name	of Person		ea Code	Daytime Telepho	one Number
Enclosed is	a check for the	e following amou	nt:			
■\$125.00	Filing Fee	□\$130.00 Filin Certificate of St		Certific	00 Filing Fee & 1 Copy I copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





ARTICLESOF	ORGANIZATION FOR	FLORIDALIN	INED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	Company is:			
CROWN PARTICIP	ATION LLC			
(Must conta	in the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the L	imited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addres	<u>is</u> :
18911 Collins Avc. A	PT 705		150 SE 2ND AVE SUITE 905	
SUNNY ISLES BEA	CH, FL 33160		MIAMI, FL 33131	<u> </u>
The name and the Florida street a	VDT CORPORATI	E SERVICES Name SUITE 905		
	Florida street addre	ss (P.O. Box)	NOT acceptable)	
	MIAMI	FL	33131	
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the appositions of all statutes ligations of my position	pointment as r relating to the n as registered	egistered agent and agree to act in proper and complete performance	this capacity. It of ny duties, and l

(CONTINUED)

	n -	.			
A	ĸ	ш	. 1	ж.	IV-

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

<u>Title:</u>	Name and Address:	
	uthorized Member	
"MGR" = Mar	nager	
MGR	SERGIO BRUNO ALVES FERREIRA	
	18911 Collins Ave. APT 705	
	SUNNY ISLES BEACH, FL 33160	
MGR	JULIA NORREMOSE VIEIRA MARQUES	
··· <u>-</u> -	18911 Collins Ave. APT 705	
	SUNNY ISLES BEACH, FL 33160	
f an effective date is in the date of filing.) Note: If the date insertions	date, if other than the date of filing. (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior to or 90 dated in this block does not meet the applicable statutory filing requirements, this date will not be determined as the date on the Department of State's records.	
RTICLE VI: Other pr	ovisions, 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.	
	CARLA COUTO	
	Typed or printed name of signee	~ 3
		202

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)