

L22000099775
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

(((H22000090350 3)))



H220000903503A9CV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: 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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

22 MAR 10 AM 2:56

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

The Alchemy Soul LLC

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

S. CHATHAM

MAR 11 2022

H220000903503
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

22 MAR 10 AM 2:56

SUBJECT: The Alchemy Soul LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAO PEDRO VOLZ

Name of Person

VDT CORPORATE SERVICES LLC

Firm/Company

150 SE 2ND AVE SUITE 905

Address

MIAMI, FL 33131

City/State and Zip Code

MANAGEMENT@SAINTJOSEPHGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAO PEDRO VOLZ

305

503-9867

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H220000903503

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H220000903503
FILED**ARTICLE I - Name:**

The name of the Limited Liability Company is:

22 MAR 10 AM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDAThe Alchemy Soul 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
MIAMI, FL 33131150 SE 2ND AVE SUITE 906
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:

VDI CORPORATE SERVICES LLC

Name

150 SE 2ND AVE SUITE 905Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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.

NSA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H220000903503

H2200000903503
FILED**ARTICLE IV-**

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

22 MAR 10 AM 2:56

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Maria Thereza Alkmim Sousa

150 SE 2ND AVE SUITE 906

MIAMI, FL 33131

MGR

Luiz Flavio Paina Resende Alves

150 SE 2ND AVE SUITE 906

MIAMI, FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:**

NSA

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.

NASTASSJA ANRADE

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)

H2200000903503