

**L22000416242**

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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CONTADORSUNNYISLES.COM INC  
Account Number : I20200000118  
Phone : (305)260-6968  
Fax Number : (786)513-7810

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

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**FLORIDA LIMITED LIABILITY CO.  
VIZZO CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VIZZO CAPITAL 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:15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 3316015805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CSI RA LLC

Name

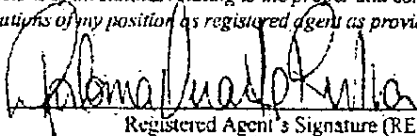
15805 BISCAYNE BLVD STE 201Florida street address (P.O. Box **NOT** acceptable)AVENTURA, FL 33179

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)

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**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 \_\_\_\_\_

Bruno Costa Camargo

15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

AMBR \_\_\_\_\_

Claudio Antonio de Carvalho da Silva

15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

AMBR \_\_\_\_\_

Fabio Berwaldt Hartwig

15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

AMBR \_\_\_\_\_

Higor Felipe de Medeiros

15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

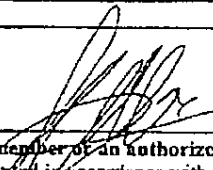
(Use attachment if necessary)

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.

Higor Felipe de Medeiros

Typed or printed name of signer

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 TALLAHASSEE, FLORIDA

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**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:**AMBRRenato Bartilotte Mercante Oliveira15805 BISCAYNE BLVD STE 201AVENTURA, FL 33160AMBRVinicius Ferreira de Oliveira Campos15805 BISCAYNE BLVD STE 201AVENTURA, FL 33160AMBRRivonaldo Rodlesson Alves da Cruz15805 BISCAYNE BLVD STE 201AVENTURA, FL 33160AMBRCesar Illuminati15805 BISCAYNE BLVD STE 201AVENTURA, FL 33160

(Use attachment if necessary)

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Typed or printed name of signer

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**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

Andre Luiz Machado de Oliveira

15805 BISCAYNE BLVD STE 201

AVENTURA, FL 33160

AMBR

AMBR

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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Higor Felipe de Medeiros

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