

11/22/22, 11:54 AM

L22000494879Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: compliance@dartmouthinternational.com**FLORIDA LIMITED LIABILITY CO.
3JB BROTHERS CAPITAL GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3JB BROTHERS CAPITAL GROUP 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:Juncal 1378 of 804Montevideo Uruguay CP 11100Mailing Address:Juncal 1378 of 804Montevideo Uruguay CP 11100

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:

Registered Agents Inc.

Name

7901 4th Street N, Ste 300Florida street address (P.O. Box ~~NOT~~ acceptable)St. PetersburgFL33702

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, MGRFrederico Jaccoud BitarRua Professor Nelson Ribeiro, nr. 92 Apt. 1101City of Belem State of Para Postal code 66050-420, BrazilAMBR, MGRRicardo Jaccoud BitarAvenida Pedro Alvares Cabral, nr. 264 Apt. 3201 JE 3City of Belem State of Para Postal code 66050-400, BrazilAMBR, MGRWagner Jaccoud Bitar Travessa Dom Romualdode Seixas Umarizal, nr. 296 Apt. 2601City of Belém State of Para Postal code 66055-200, Brazil

(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:** **FREDERICO JACCOUD**
BITAR:Assinado de forma digital por FREDERICO
JACCOUD BITAR 37556051253
Dados: 2022.11.21 07:05:45 -03:00**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.Frederico Jaccoud Bitar

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)

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