

L23000005277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

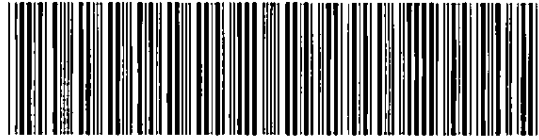
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SECRETARY OF STATE
FALLAHASSEE, FL 32110

2023 JAN -6 PM 3:00

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2023 JAN 6 3:00 PM '23



2023 JAN 6 3:15 PM '23

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: MISTY 1/06

CERTIFIED COPY _____

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LLC _____

1. GAVI AMERICA, LLC EFFECTIVE DATE 01/01/2023
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:** _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAVI AMERICA, 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:

6965 Piazza Grande Ave.
Suite 418
Orlando, FL 32835

6965 Piazza Grande Ave.
Suite 418
Orlando, FL 32835

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:

Leonardo Silva
Name

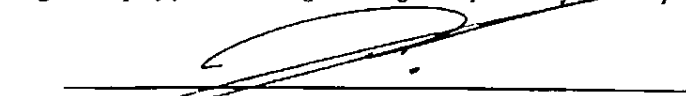
7206 Rambling Water Way
Florida street address (P.O. Box **NOT** acceptable)

Windermere, FL 34786
City State Zip

2023 JAN -6 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>Reinaldo Rizzi</u> <u>Alameda Diamante</u> <u>Carapicuíba, São Paulo 06351350 Brazil</u>
<u>AMBR</u>	<u>Carolina Rizzi</u> <u>Alameda Diamante</u> <u>Carapicuíba, São Paulo 06351350 Brazil</u>
<u>AMBR</u>	<u>Vinicius Rizzi</u> <u>Alameda Diamante</u> <u>Carapicuíba, São Paulo 06351350 Brazil</u>
<u>AMBR</u>	<u>Gabriela Rizzi</u> <u>Alameda Diamante</u> <u>Carapicuíba, São Paulo 06351350 Brazil</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2023. (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.

Ed Tsuji, Authorized Representative
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)