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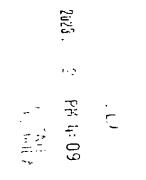
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KL



February 6, 2023

AIRES DOS SANTOS DIOGENES 6965 PIAZZA GRANDE AVE STE 203 ORLANDO. FL 32835 US

SUBJECT: 360 SD LLC

Ref. Number: W23000015910

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 423A00002804

KAIN COSTELLO Regulatory Specialist II New Filing Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	261	n en i i c	
(Must con	tain the words "Limited Li	0 SD LLC ability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	address of the principal off	ice of the Limited I	liability Company is:
<u>Princip</u>	pal Office Address:		Mailing Address:
	ZA GRANDE AVE		6965 PIAZZA GRANDE AVE
	STE 203		STE 203
ORLA	NDO FL 32835		ORLANDO FL 32835
	active Florida registration. address of the registered a	gent are:	ou must designate an individual or
nother business entity with an 'he name and the Florida street	active Florida registration. address of the registered a)	
	active Florida registration. address of the registered a AIRES DOS	gent are:	
	active Florida registration. address of the registered a AIRES DOS) gent are: SANTOS DIOGE	<u>NES</u>
	active Florida registration. address of the registered a AIRES DOS	gent are: SANTOS DIOGEI Name RANDE AVE STE	NES
•	active Florida registration. address of the registered a AIRES DOS 6965 PIAZZA GI	gent are: SANTOS DIOGEI Name RANDE AVE STE P.O. Box NOT acc	203 ceptable)
	active Florida registration. address of the registered a AIRES DOS 6965 PIAZZA GI Florida street address (gent are: SANTOS DIOGEI Name RANDE AVE STE P.O. Box <u>NOT</u> acc	NES 203 ceptable)

23 ... 2_ PE 4: 09

ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	AIDES INC SANTOS INOCENES
Winny	AIRES DOS SANTOS DIOGENES AVE VEREADOR ABRAHAO JOAO FANCISCO N 3385
	ITAJAI SANTA CATARINA BRAZIL 88307-303
AMBR	ELORI MORCHE
	RUA 315 NUMERO 264 MEIA PRATA
	ITAPEMA SANTA CATARINA BRAZIL 88220-000
AMBR	PHABLO RAPHAEL BORGES FOGGIA
	8631 FRANCIS ROAD
	RICHMOND BRITISH COLUMBIA CANADA V6Y1A7
AMBR_	RODRIGO MACHADO GONCALVES
	6111 NUMBER ONE ROAD UNIT 16
	RICHMOND BRITISH COLUMBIA CANADA V7CITA
Use attachment if necessary)	
,	
ent's effective date on the Departmen	
VI: Other provisions, if any.	n of State's records.
EVI: Other provisions, if any. REQUIRED SIGNATURE:	at of State's records.
Signature of a n This document is exec	nember or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a n This document is exect a maware that any fall constitutes a third degree	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Signature of a n This document is exect a maware that any fall constitutes a third degree	nember or an authorized representative of a member. The second of the se
Signature of a n This document is exect a maware that any fall constitutes a third degree	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Signature of a n This document is exect a maware that any fall constitutes a third degree.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. ANDES TOS SAMES TO OFFICE Typed or printed name of signee Filing Fees:
Signature of a n This document is exect a am aware that any fall constitutes a third degree. \$125.00 Filing Fee for Articles of O	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. ACRES TOS SAW TO TOTAL OF TYPED OF TYP
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Signature of a n This document is exec I am aware that any fall constitutes a third degree \$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. ANDES TOS SAMES TO OCCUPATION Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent
Signature of a n This document is exec I am aware that any fall constitutes a third degree \$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. ANDES TOS SAMES TO OCCUPATION Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent

as

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

<u>Title:</u> "AMBR" = 7 "MGR" = Ma	Authorized Member	Name and Address:	
AMBR		JEFFERSON ALBERTI BES RUA 2800 500 APT 03 BAL SANTA CATARINA BRAZ	NEARIO CAMBORIU
AMBR		BOSTON INNOVATION G. 110 CAMBRIDGE ST CAMBRIDGE MASSACHU	
AMBR		PAULO CESAR FARACO O RUA RUI BARBOSA 670 A FLORIANOPOLIS 88025-30	PT 901 AGRONOMICA
AMBR		MARCOS ANTONIO NUNI RUA PEDRO MASCARENI PARANA 84015-760 BRAZ	HAS RIBAS 411 PG
(Use attachm	ent if necessary)		
(If an effective date is the date of filing.) Note: If the date inser	fisted, the date must be spec	et the applicable statutory filing	. (OPTIONAL) ve business days prior to or 90 days after requirements, this date will not be listed as
ARTICLE VI: Other p	rovisions, if any.	·	
REOUIRED	SIGNATURE:		
	This document is executed I am aware that any false in	ber or ab authorized represent in accordance with section 605 information submitted in a docume clony as provided for in s.817.13	.0203 (1) (b), Florida Statutes. nent to the Department of State
	_ aire	Typed or printed name of signee	Though)

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)

ARTICLE IV-

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

Title:		Name and Address:
	authorized Member	
"MGR" = Ma	inager	
AMBR		EDGAR STUELP JUNIOR
		AVE HEMOGENES DE ASSIS FÉDO 1100 CASA 6A SANTA CATARINA 88332-400 BRAZIL
		SANTA CATARINA 88332-400 BRAZIL
AMBR		REGES DE LIMA DIAS
		RUA JOAO FRANCISCO DOS SANTOS 20 APT 801B
		SANTA CATARINA 88331-120 BRAZIL
AMBR		MARCELLA MARQUES DOS SANTOS
MIDIX		RUA ARNALDO ROQUE BRISQUE 71 VISTA ALEGRE
		VINHEDO SAO PAULO 13285-328 BRAZIL
A 1 4 1 2 1 3		CALLED ALL AND PERPERIE
AMBR		SAULO CLARO FERREIRA RUA PROF MARIA CONCEICAO FERREIRA A M
		MOGI MIRIM SAO PAULO 13800-375 BRAZIL
		6.61
Tective date is I of filing.) If the date insertument's effective	listed, the date must be stated in this block does not be date on the Department	the of filing:
Tective date is I of filing.) If the date insertument's effective	listed, the date must be st ted in this block does not	specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be b
fective date is I of filing.) If the date insert ument's effectiv LE VI: Other pr	listed, the date must be stated in this block does not be date on the Department	specific and cannot be more than five business days prior to or 90 day timeet the applicable statutory filing requirements, this date will not be to f State's records.
fective date is I of filing.) If the date insert ument's effectiv LE VI: Other pr	ted in this block does not be does not be date on the Department ovisions, if any. SIGNATURE:	specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be t nt of State's records.
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fective date is I of filing.) If the date insert ument's effectiv LE VI: Other pr	ted in this block does not be date on the Department over date on the Department of a result of the Department of a result of the Department of a result of the Department of the De	t meet the applicable statutory filing requirements, this date will not be to of State's records. number or an authorized representative of a member. suted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State
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ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	MAURICIO PEREIRA
	AVENIDA DOS DOURADOS 1022 APT 101
	FLORIANOPOLIS SC 88053-410 BRAZIL
AMBR	CARLOS EDUARDO DE PAULO
	RUA JURERE TRADICIONAL 75 JÜRERE FLORIANOPOLIS SC 88053-750 BRAZIL
	TEORIANOTATIS SC 80053-150 DRAZIE
	
(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	be specific and cannot be more than five business days prior to or 90 days af not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days af not meet the applicable statutory filing requirements, this date will not be liste
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department of the Depart	not meet the applicable statutory filing requirements, this date will not be listement of State's records.
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department of the Depart	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department of the Depart	a member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

as