

L23000203534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

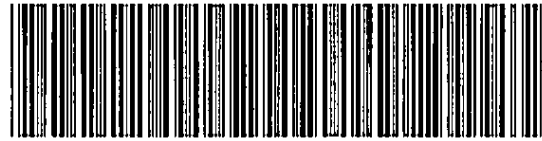
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received  
02/22/23

Office Use Only



000399782590

01/18/23--01018--016 \*\*125.00

2023.

3

PM

4:09

2023

24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 423A00002804

2:02:02 PM 4:09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

360 SD 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:

6965 PIAZZA GRANDE AVE  
STE 203  
ORLANDO FL 32835

Mailing Address:

6965 PIAZZA GRANDE AVE  
STE 203  
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:

AIRES DOS SANTOS DIOGENES

Name

6965 PIAZZA GRANDE AVE STE 203

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

FL

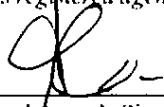
32835

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)

2023 . . . 2 . . . PM 4:09

**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

AIRES DOS SANTOS DIOGENES  
AVE VEREADOR ABRAHAO JOAO FANCISCO N 3385  
ITAJAI SANTA CATARINA BRAZIL 88307-303

AMBR

ELORI MORCIE  
RUA 315 NUMERO 264 MEIA PRAIA  
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 V7C1T4

(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.

Aires dos Santos Diogenes

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)

2023 - 2 - PM 4:09

**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

JEFFERSON ALBERTI BESSANI  
RUA 2800 500 APT 03 BALNEARIO CAMBORIU  
SANTA CATARINA BRAZIL 88330-370

AMBR

BOSTON INNOVATION GATEWAY LLC  
110 CAMBRIDGE ST  
CAMBRIDGE MASSACHUSETTS USA 02141

AMBR

PAULO CESAR FARACO GUIMARAES  
RUA RUI BARBOSA 670 APT 901 AGRONOMICA  
FLORIANOPOLIS 88025-301 BRAZIL

AMBR

MARCOS ANTONIO NUNES  
RUA PEDRO MASCARENHAS RIBAS 411 PG  
PARANA 84015-760 BRAZIL

(Use attachment if necessary)

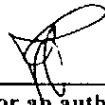
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



\_\_\_\_\_  
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.

Guilherme Dos Santos Progeny

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)

2023 - 2 - 24 4:05

**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

EDGAR STUELP JUNIOR  
AVE HEMOGENES DE ASSIS FEIJO 1100 CASA 6A  
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  
RUA ARNALDO ROQUE BRISQUE 71 VISTA ALEGRE  
VINHEDO SAO PAULO 13285-328 BRAZIL

AMBR

SAULO CLARO FERREIRA  
RUA PROF MARIA CONCEICAO FERREIRA A M  
MOGI MIRIM SAO PAULO 13800-375 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:**



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.

ALEX M. SANTOS THIAGO

Typed or printed name of signer

**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)

2023 FEB 22 PM 4: 09

**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

MAURICIO PEREIRA  
AVENIDA DOS DOURADOS 1022 APT 101  
FLORIANOPOLIS SC 88053-410 BRAZIL

AMBR

CARLOS EDUARDO DE PAULO  
RUA JURERE TRADICIONAL 75 JURERE  
FLORIANOPOLIS SC 88053-750 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:**

  
\_\_\_\_\_  
**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.

Adrian dos Santos Tricco  
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)

2023 JUL 26 PM 4:09