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Note: Please print this page and use it as a cover sheet. Type the tax and number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Tax Number : (850)617-0381

From: Account Name : DOS SANTOS AND MACHADO, LLC
Account Number : 710140000689
Phone : (754) 301-2125
Fax Number : (954) 252-4650

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

Email Address: INFC@GFSTAXACCT.COM

FLORIDA LIMITED LIABILITY CO.
SRJOTT HOLDING LLC

*Certificate of Status	1
*Certified Copy	0
*Page Count	01
*Estimated Charge	\$130.00

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SECRETARY OF STATE
JUL 12 2023
AM 8:08
FLORIDA

Electronic Filing Notice: [unreadable] [unreadable] [unreadable]

850-617-6381

7/7/2023 12:02:20 PM PAGE 1/001 Fax Server



July 7, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOSSANTOS AND MACHADO LLC

SUBJECT: SRJOTT HOLDING LLC
REF: W23000092851

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

ARCEDRA JOHNSON
Regulatory Specialist IIFAX Aud. #: H23000236360
Letter Number: 923A00015101

H230002363603

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SRJOTT HOLDING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILVAM F DOS SANTOS
Name of Person

GFS TAX & ACCOUNTING SERVICES
Firm/Company

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS FL 33065
City/State and Zip Code

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS 954 9573244
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SKYOTT HOLDING 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:

11764 W SAMPLE RD STE 102
CORAL SPRING FL 33065

11764 W SAMPLE RD STE 102
CORAL SPRING FL 33065

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:

GUS TAX & ACCOUNTING SERVICES
Name

11764 W SAMPLE RD STE 102
Florida street address (P.O. Box NOT acceptable):

CORAL SPRINGS FL 33065
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of the state 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.

Juliana Malhado
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ANGELO ONGARATTO
RUA VIRL 34 JARDIM SAO PAULO SP 02046-030

AMBR

RAYMIZAN JESSICA ONGARATTO
RUA VIRL 34 JARDIM SAO PAULO SP 02046-030

(Use attachment if necessary)

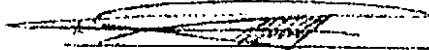
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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) (v), 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.

ANGELO ONGARATTO

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)