# **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_\_

# FLORIDA LIMITED LIABILITY CO. Bhumi Ventures & Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### Bhumi Ventures & Holdings 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:

<u>Principal</u>	Office Address:	<u>Mai</u>	ling Address:
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg	FL 33702	St. Petersburg	FL 33702

# 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.)

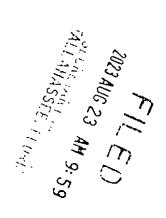
The name and the Florida street address of the registered agent are:

Registered Agents Inc				
	Name		_	
7901 4th St N		STE 300		
Florida street addres	s (P.O. Box <u>N</u> C	OT acceptable)		
St. Petersburg	FL	33702		
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)



## ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Author "MGR" = Manage	
-	
MGR	Gobbo Dedini Ometto Duarte, Cloe
	Rua Narcisa Chessine Ometto, 12o Piracicaba, SP 13420-270
	FERACCADA3(2.13420:24.0
MGR	Renaux Dedini Ricciardi, Marco
	Rua Gomes Carneiro 499/101
	.Рнаскара. SP_13400-530
MGR	ce Toledo Dedini, Mariana
more	Rua do Rosario, 1340/101
	Piradicaba, SP 13400-186
· • • • • • • • • • • • • • • • • • • •	<del></del>
(Use attachment if	necessary)
ARTICLE V: Effective date	e, if other than the date of filing:
(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.)	
	this block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective day	te on the Department of State's records.
CDTTCT E CT. Other america	
ARTICLE VI: Other provisi	ons, if any,
REQUIRED SIG	SATURE:
	Signature of a member or an authorized representative of a member.
	Simple and a manhar or an arrival and an arrival and a second as
Th	is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
l a	m aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in \$,817,155, F.S.
	Robin Jones
	Typed or printed name of signee
	· protect protect control of the con

# 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)