

9/5/23 1:31 PM

Division of Corporations

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

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

Email Address: financel@dartmouthinternational.com

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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## FLORIDA LIMITED LIABILITY CO. LLX ENTERPRISES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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T. MATTHEWS

SEP 20 2023

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September 7, 2023

FLORIDA DEPARTMENT OF STATE

HARVARD BUSINESS SERVICES, INC. Division of Corporations

SUBJECT: LLX ENTERPRISES LLC  
REF: W23000120423

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.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Tim Burch  
Operations Manager A

FAX Aud. #: H23000308284  
Letter Number: 423A00020524

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CLERK OF STATE  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LLX ENTERPRISES 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:Juncal 1378 of 804Montevideo, Uruguay CP. 11000Juncal 1378 of 804Montevideo, Uruguay CP. 11000

## ARTICLE III - Registered Agent, Registered Office, &amp; 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

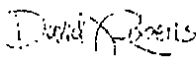
7901 4th Street N, Ste 300Florida street address (P.O. Box NOT acceptable)St. PetersburgFL33702

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:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR & MGR

Leonardo Jose Tolardo

Avenida Vinte e Cinco de Janeiro, nr. 3125 Casa 12

Residencial Irai, Quatro Barras-Paraná, 83420-000, Brazil

AMBR & MGR

Luiz Jose Tolardo

Avenida Vinte e Cinco de Janeiro, nr. 3125 Casa 12

Residencial Irai, Quatro Barras-Paraná, 83420-000, 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:**

Leonardo Jose Tolardo

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.

Leonardo Jose Tolardo

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)