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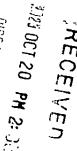
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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

RED PARTNERS USA LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

CHECK: #3748 AMOUNT: \$130.00

THANK YOU

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC"		TNERS USA LLC			
SCHILE	· ·	Name	of Limited Liab	ility Company	
The enclo	sed Articles of	Organization and fe	e(s) are submitte	d for filing.	
Please reti	urn all correspo	ondence concerning	this matter to the	following:	
	JAIME REY	'ES			
		***	Name o	f Person	
	СВА МІАМ	II LLC			
			Firm/C	ompany	
	1600 PONC	E DE LEON BLVD	STE 901		
			Add	ress	
	CORAL GA	BLES FL 33134			
	JAIME.REYI	ES@CBAMIAMIUS	=	nd Zip Code	
				annual report notificat	ion)
For further	information co	ncerning this matter,	please call:		
	CLARA MO	NTEAGUDO	954 _at (608-4896	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for th	he following amount	:		
□\$125.00) Filing Fee	≡\$130.00 Filing Certificate of Stat	tus Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	nssee et, Suite 810

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

RED PARTNERS USA 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: CORAL GABLES FL 33134 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 registered agent are: THORALD MUSCHEN Name 1600 PONCE DE LON BLVD STE 901 Florida street address (P.O. Box NOT acceptable) CORAL GABLES FL 33134 City State Zip Idving been named as registered agent and to accept service of process for the above stated limited liability company at the aloae designated in this certificate, thereby accept the appointment as registered agent and agree to act in this capacity. I arrher agree to comply with the provisions of all statutes partning to the proper and complete performance of my duties, and I am familiar with and accept the abligations of all statutes partning to the proper and complete performance of my duties, and I am familiar with and accept the abligations of all statutes partning to the proper and complete performance of my duties, and I am familiar with and accept the abligations of all statutes partning to the proper and complete performance of my duties, and I am familiar with and accept the abligations of all statutes partning to the proper and complete performance of my duties, and I am familiar with and accept t	The name of the Limited Liability	y Company is:		
(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:	RED PARTNERS U	SA LLC		
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:			ability Con	npany, "L.L.C.," or "LLC.")
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: THORALD MUSCHEN Name 1600 PONCE DE LON BLVD STE 901 Florida street address (P.O. Box NOT acceptable) CORAL GABLES FL 33134 City State Zip Idaying 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 writer agree to comply with the provisions of all statutes publishing to the proper and complete performance of my duties, and I my 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)		dress of the principal offi	ice of the L	imited Liability Company is:
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: THORALD MUSCHEN Name 1600 PONCE DE LON BLVD STE 901 Florida street address (P.O. Box NOT acceptable) CORAL GABLES FL 33134 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 writer agree to comply with the provisions of all statutes pulpting to the proper and complete performance of my duties, and I me familiar with and accept the obligations of the supposition associated agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)	<u>Princips</u>	d Office Address:		Mailing Address:
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	place designated in this certificate, i wrther agree to comply with the pro	I hereby accept the appoint ovisions of all statutes rule igations of my position as Register	itment as re tring to the p vegistered ed Agent's	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized N "MGR" = Manager	Member	
_	THORAL DAMISCULA	
MGR	THORALD MUSCHEN 1600 PONCE DE LEON BLVD STE 901	
	CORAL GABLES FL 33134	
		
		
		
(Use attachment if necess	ary)	
TO \$2 \$500 1	er than the date of filing: (OP	PIONIAI)
the date inserted in this be ment's effective date on t	lock does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be
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