

11/7/23, 11:51 AM

Division of Corporations

L23000504761 Florida Department of Division of Corporations Electronic Filing Cover Sheet

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

(((H23000386474 3)))



H230003864743ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LEADER ASSOCIATES LLC
 Account Number : 120180000056
 Phone : (954)998-3963
 Fax Number : (954)697-0359

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

Email Address: diretorna.jcplataforma@gmail.com

FLORIDA LIMITED LIABILITY CO. PROSPER INTERNATIONAL BUSINESS LLC

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

2023 NOV -7 AM 8:58
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

PROSPER INTERNATIONAL BUSINESS LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

150 SE 2nd AVE #300

MIAMI, FL 33131

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III – REGISTERED AGENT

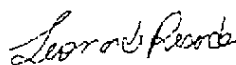
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

BOOKSLY, LLC

6919 SW 18th STREET STE 222

BOCA RATON, FL 33433

Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.



Registered Agent (Signature)

2023 NOV - 7 18:58
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV – MANAGERS

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

Name: **OMAR BRAGA MUNDIM**

Title: **MGMB**

Address: **RUA OURO PRETO 1523 APT 601**

BELO HORIZONTE, MG 30170-041 - BRAZIL

Name: **BEATRIZ HELENA STEIN MUNDIM E MUNDIM**

Title: **MGMB**

Address: **RUA OURO PRETO 1523 APT 601**

BELO HORIZONTE, MG 30170-041 - BRAZIL

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filling date**.

REQUIRED SIGNATURE:

Omar B. Mundim

OMAR BRAGA MUNDIM - Member or AMBR

Date

11/07/2023

2023 NOV -7 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL

FILED