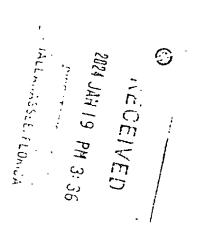
L24000036450

	_
(Requestor's Name)	
	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
·	\neg
Special Instructions to Filing Officer:	
	-





800422275718



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CRM Empreendimentos LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Stal	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Arr. of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ ,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SN	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	New Filing Sec Division of Co					
	CRM empi	reendimentos LLC				
SUBJE	ст:					
		Na	me of Lin	nited Liabil	ty Company	
The enc	losed Articles of	f Organization and	l fee(s) are	e submitted	for filing.	
Please re	eturn all corresp	ondence concerni	ng this ma	itter to the f	ollowing:	
	ANA DE SA	A				
		· · · · · ·		Name of	Person	•
	GOLDEN H	IILLS SERVICES	INC			
				Firm/Co	mpany	
	2940 LOOP	DALE LN				
				Addr	288	· · · · · · · · · · · · · · · · · · ·
	KISSIMME	E FL 34741				
	ANA@BIZN	EZSOLUTIONS.		ity/State an	d Zip Code	
		E-mail address: (t	o be used	for future a	nnual report notificat	ion)
For furthe	er information co	oncerning this mat	ter nlease	call:	•	
	ANA DE SA	_	40		421 5251	
			_)	
	Nan	ne of Person			Daytime Telephon	
Enclosed	d is a check for t	he following amo	unt:			
≣\$ 125.	00 Filing Fee	□\$130.00 Fili Certificate of \$		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	<u>Mailir</u>	ng Address			Street Address	
New Filing Section Division of Corporations P.O. Box 6327			New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
		5				
		assee, FL 32314			Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabi	lity Company is:				
CRM empreendiment					
(Must cor	ntain the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal o	office of the 1.	imited Liability Company is	3:	
	1000 111				
Princi	pal Office Address:		Mailing A	address:	
2940 LOOPDALE LN			2940 LOOPDALE LN KISSIMMEE FL 34741		
KISSIMMEE FL 347-	11				
					
ARTICLE III - Registered A	gent, Registered Office,	& Registere	d Agent's Signature:		
(The Limited Liability Compar	iy cannot serve as its own	Registered /		n individual or	
another business entity with an	active Florida registration	on.)			
The name and the Florida stree	t address of the registerer	d agent are:			
The first that the first three	t address of the regimere.	a agem are.			
	GOLDEN HILLS SER			_	
		Name			
	2940 LOOPDALE LN				
	Florida street addres	s (P.O. Box	NOT acceptable)	_	
	KISSIMMEE	FI.	34741		
	City	State	Zip	_	
	•		,		
laving been named as registered					
place designated in this certificat urther agree to comply with the j					
im familiar with and accept the a					
•		•		•	
		Ana D	e Sa		
			Signature (REQUIRED)	<u> </u>	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

(CONTINUED)

ARTICLE IV-

.....

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

<u> </u>		Name and Address:	
	uthorized Member		
"MGR" = Ma:	nager		
MGR		TILLI MONTINI, CRISTIANO	_
		R ATUAI 206 Sao Paulo SP 03646-000 - BR	-
		210 Lattic-24 (120+0 (M) - DK	-
			_
			_
		-	-
			-
			_
			-
			-
(Use attachme	ent if necessary)		
	ve date on the Department	neet the applicable statutory filing requirements, this date will not of State's records.	t be listed
REQUIRED	SIGNATURE:		
		0 . 1: 24 1: :	
		Cristiano Montini	
	This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.	
		Parimeters of Administrati	
		Cristiano Montini Typed or printed name of signee	
		Filing Fees:	
		ganization and Designation of Registered Agent	~3
	rtified Copy (Optional)		2024
S 5.00 Cer	tificate of Status (Option	al)	