

L24000080904

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ICONNECT SOLUTIONS CORP
Account Number : I20190000122
Phone : (407)863-0096
Fax Number : (407)612-2181

****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.
ECORI SOLAR ENERGY USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

SECRETARY OF STATE
ALAHASSF, FL 32310

2024 FEB 16 AM 11:00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ECORI SOLAR ENERGY USA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMERSON CORREA

Name of Person

ICONNECT SOLUTIONS CORP

Firm/Company

6735 CONROY ROAD STE 309

Address

ORLANDO FL 32835 US

City/State and Zip Code

CONTACT@ICONNECTSC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA

407

863-0096

Name of Person

Area Code

Daytime Telephone Number

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ECORI SOLAR ENERGY 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:6735 CONROY ROAD STE 309
ORLANDO FL 32835Mailing Address:6735 CONROY ROAD STE 309
ORLANDO FL 32835

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:

ICONNECT SOLUTIONS CORP

Name

6735 CONROY ROAD STE 309Florida street address (P.O. Box NOT acceptable)ORLANDOFL32835

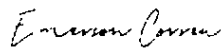
City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____

MARCELO JUNQUEIRA MATTOS VON GAL _____

6735 CONROY ROAD STE 309 _____

ORLANDO FL 32835 US _____

AMBR _____

MARCIO HENRIQUE MOLECO _____

6735 CONROY ROAD STE 309 _____

ORLANDO FL 32835 US _____

AMBR _____

TIAGO MARTINS DA SILVA _____

6735 CONROY ROAD STE 309 _____

ORLANDO FL 32835 US _____

AMBR _____

WEBERSON ERILAS DOS SANTOS _____

6735 CONROY ROAD STE 309 _____

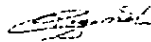
ORLANDO FL 32835 US _____

(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:**_____
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._____
TIAGO MARTINS DA SILVA

Typed or printed name of signee

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>DANIELLE ORTIZ</u> <u>6735 CONROY ROAD STE 309</u> <u>ORLANDO FL 32835 US</u>
<u>AMBR</u>	<u>FLAVIO ANDRE MARTINS DA SILVA</u> <u>6735 CONROY ROAD STE 309</u> <u>ORLANDO FL 32835 US</u>
<u>AMBR</u>	<u>JOSE ADALBERTO BOTOZELLI</u> <u>6735 CONROY ROAD STE 309</u> <u>ORLANDO FL 32835 US</u>
<u>AMBR</u>	<u>LEANDRO MARTINS DA SILVA</u> <u>6735 CONROY ROAD STE 309</u> <u>ORLANDO FL 32835 US</u>