

L24000245254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

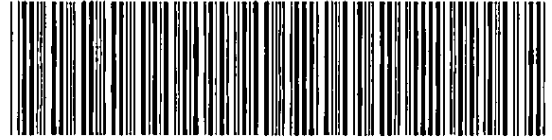
(Business Entity Name)

(Document Number)

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 06/04/2024**

**NAME: BENTLEY SEA COAST LLC**

**TYPE OF FILING: ARTICLES**

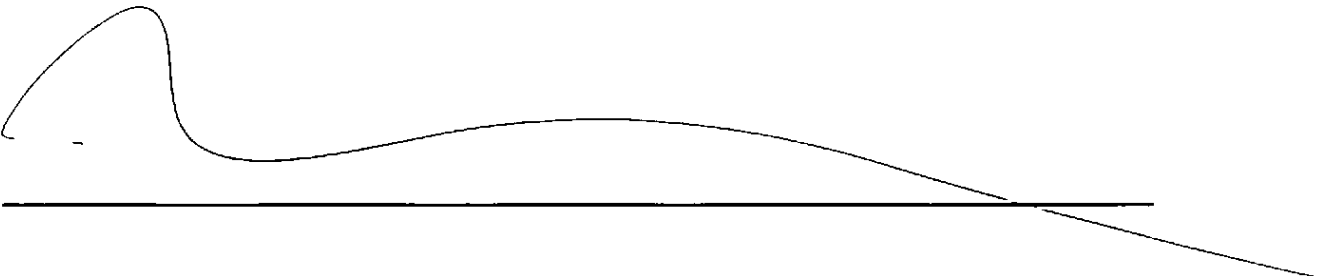
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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TALLAHASSEE, FL  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Bentley Sea Coast LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hannah Amato  
Name of Person  
International Business Company Formation  
Firm/Company  
407 N. Highland Ave  
Address  
Nyack, NY, 10960  
City/State and Zip Code  
compliance@ibcf.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hannah Amato at (845) 398 0900  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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DIVISION OF STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bentley Sea Coast 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:

Rua Sanharo 251 Jd. Guedala  
São Paulo, SP, 05611-060 Brazil

Mailing Address:

Rua Sanharo 251 Jd. Guedala  
São Paulo, SP, 05611-060 Brazil

**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:

REPUBLIC REGISTERED AGENT INC.

Name

1150 NW 72nd Ave Tower 1 Ste 455

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33126

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.*

 - Authorized  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MBR

America P.E: XLIII Fundo de Investimento em Participacoes  
Multiestrategia  
Rua Urussui 71, Cj 56 Itaim Bibi, Sao Paulo, SP 04512-050 B

MGR

Ronaldo Tirico Linero  
Rua Sanharo, 251 Jardim Guedala  
Sao Paulo, SP, 05611-060 Brazil

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Hannah Amato*

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.

Hannah Amato

Typed or printed name of signee

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**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)