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(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only	RECEIVED 2024 JUNI 18 PHI2: 02 SECONTANY OF STATE SATURNESSELFT LATY

vs

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CAPITAL CONNECTION, INC.	
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301	
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
Wietech 3D LLC	_!
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Please Debit FCA00000003 For: 125	_
Thank you Seth Neeley	
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File  L.C. File
	Fictitious Name File
	Merger File
	Ait, of Amend. File
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
1 .	Officer Search
A	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# Wietech 3D 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:	Muiling Address:	
12000 Biscayne Blvd.	12000 Biscayne Blvd.	
Suite 415	Suite 415	
Miami, FL 33181	Miami, FL 33181	

#### 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:

The Benha	youn Law Firm	
	Name	
12000 Biseayne I	Blvd.	
Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)
Miami	FL	33181
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 occept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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:

• • • •

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"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	LUIZ, FLAVIO AUGUSTO	
	Rua Professora Carolina Ribeiro, 123, apto, 11 - Bairro Jardin	n Vila
	Mariana, Sao Paulo, SP - 04116-020 - Brazil	
- <u></u>		
(Use attachment if necessary) TICLE V: Effective date, if other than the date of an effective date is listed, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 d	
edate of filing.)		
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<u>ste:</u> If the date inserted in this block does not meet e document's effective date on the Department of TICLE VI: Other provisions, if any, <u>REOURED SIGNATURE:</u> <u>X</u> <u>Signature of a meminist executed I am aware that any false in</u>	et the applicable statutory filing requirements, this date will not b State's records.	

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Typed or printed name of signee