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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer;							

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COVER LETTER

	New Filing Sect Division of Corp						
	NFTree Project, LLC						
Name of Limited Liability Company						-	
The enclo	sed Articles of (Organization and fee(s) are	submitted	l for filing.			
Please ret	um all correspo	ndence concerning this ma	tter to the	following:			
	STACY SM/	ALL					
			Name of	Person			
	SMITH THOMPSON SHAW						
	Firm/Company 3520 THOMASVILLE ROAD - 4TH FLOOR Address TALLAHASSEE, FL 32309 City/State and Zip Code						
							2021
							2024 JUL 11
	E	-mail address: (to be used	for future	annual report notificati	ion)		
For further	information cor	acerning this matter, please	call:			FL FA	
	STACY SMA	at (850	893-4105		,.,	1
	Name		ea Code	Daytime Telephon	e Number	_	
Enclosed	is a check for th	e following amount:					
■\$125.00 Filing Fee							
Mailing Address New Filing Section Division of Corporations P.O. Box 6327			Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre	assee			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

NFTree Project, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida States (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

NAME.

The name of the Limited Liability Company is NFTree Project, LLC (hereinafter referred to as the "Company").

PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

PURPOSE.

To engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS.

The mailing address and principal place of the business of the Company is 136 Beach 144th Street, Neponsit, New York 11694. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **SUSAN S. THOMPSON**, located at 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

6. MANAGEMENT.

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Pi ter Salomao Elias da Silva

Zenaide Russack 136 Beach 144th Street Neponsit, New York 11694

DATED this _____ day of ______, 2024.

Zenaide Russack

Zenaide Russack

Silas Antonio Moraes

Elito Moreira Viana

Fig. 19

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **NFTree Project**, **LLC**.
- 2. The name of the registered agent and office is: SUSAN S. THOMPSON at 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability; company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

SUSAN S. THOMPSON, Registered Agent