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PICK-UP WAIT MAIL

(Business Entity Name)

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2024 JUL 29 AM 9:47

STATE
FALLAHASSETT, CT

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STATE
FALLAHASSETT, CT

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 562731 8415442

AUTHORIZATION :



COST LIMIT : \$ 155.0

ORDER DATE : July 24, 2024

ORDER TIME : 2:32 PM

ORDER NO. : 562731-005

CUSTOMER NO: 8415442

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STATE

DOMESTIC FILING

NAME: ARICA CAPITAL LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Arica Capital 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:

Bruno Fediuk de Castro
Name of Person

Allshore Accounting Services
Firm/Company

396 Heitor Stockler de França St., 5th floor
Address

Curitiba, Paraná, Brazil, Zip Code 80030-030
City/State and Zip Code

bruno.castro@allshoreservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruno Fediuk de Castro 55 41 21060009
Name of Person at () 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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 STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arica Capital 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:

Mailing Address:

396 Heitor Stockler de França St., 5th floor
City of Curitiba, State of Parana, Brazil
Zip Code 80030-030

396 Heitor Stockler de França St., 5th floor
City of Curitiba, State of Parana, Brazil
Zip Code 80030-030

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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.

Corporation Service Company

By Shauna Godbolt

(CONTINUED)

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TALLAHASSEE STATE

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

MGR

MARIA BERNARDETE DEMETERCO RAAD
296 Carneiro Lobo St., Apt. 3, Água Verde
City of Curitiba, State of Paraná, Brazil

MGR

ISABEL DEMETERCO RAAD CARNEIRO
5345 Visconde de Guarapuava Av., Apt. 12, Batel
City of Curitiba, State of Paraná, Brazil

AMBR / Sole Member

GRINDELWALD LIMITED
Mundo Advisors, 201 Church St., Sandypport West Street
PO BOX N-3406, Nassau, The Bahamas

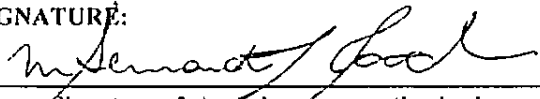
(Use attachment if necessary)

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 used 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.

MARIA BERNARDETE DEMETERCO RAAD
Typed or printed name of signec

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) 526731-5

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2024 JUL 29 AM 9:15
TAMPA