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Division of Corporations

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To:

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

From:

Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sales@eloenterprises.us

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SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.  
DCL SOLUTIONS USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

24 SEP -9 AM 12:12

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SECRETARY OF STATE  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - <sup>h</sup>Name:

The name of the Limited Liability Company is:

DCL SOLUTIONS 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:

4700 NW BOCA RATON BLVD #202  
BOCA RATON, FL 33431

Mailing Address:

4700 NW BOCA RATON BLVD #202  
BOCA RATON, FL 33431

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ELO ENTERPRISES, INC.

Name

4700 NW BOCA RATON BLVD #202

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

BOCA RATON

FL

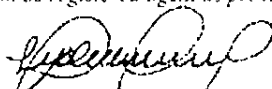
33431

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.*



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

MGR

ACYR QUEIROZ LYRA JUNIOR

AV. ESTUDANTE JOSE JULIO DE SOUZA, 3636

VELA VELHA - ES - BRAZIL - 29102-010

MGR

GEORGE DI CESAR DA MOTA E SILVA

RUI 15, KM 05, RETA DOS IPES, CONDO VILLAGE IPANEMA GREEN I, CASA 160

CACHOEIRAS DE MACACU - RJ - BRAZIL - 28689-000

(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:**

  
 JUNIOR 184 Sep 9, 2024 17:53:40-1

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.

ACYR QUEIROZ LYRA JUNIOR - Manager

Typed or printed name of signee

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