

Florida Department of State  
**L24000410107**

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**To:**

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

**From:**

Account Name : R&P ACCOUNTING AND TAXES INC  
 Account Number : I20170000090  
 Phone : (305)358-1310  
 Fax Number : (305)503-6701

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

Email Address: and8723@gmail.com

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SECRETARY OF STATE  
 TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
 PROSPERA BUSINESS USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

MS

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**PROSPERA BUSINESS USA LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

**Principal Office Address**

**7131 Grand National Drive – Suite 103  
Orlando, FL 32819**

**Mailing Address**

**7131 Grand National Drive – Suite 103  
Orlando, FL 32819**

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### **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:*

**ECCO PLANET USA, LLC**

Name

**7131 GRAND NATIONAL DRIVE – SUITE 103**  
*Florida Street address (P.O. Box NOT acceptable)*

**ORLANDO, FL 32819**  
*FL City, State, and 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*

X

***Registered Agent's Signature (REQUIRED)***

#### ARTICLE IV

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):** The name and address of each Person authorized to manage and control the Limited Liability Company:

##### Title

**MARCIO JULIANO MACHRY**  
7131 Grand National Drive – Suite 103  
Orlando, FL 32819

**MANAGER**

**MATEUS HENRIQUE MACHRY**  
7131 Grand National Drive – Suite 103  
Orlando, FL 32819


**MANAGER**

#### 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)

**SEPTEMBER 18, 2024**

**REQUIRED: SIGNATURE**

X   
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**MARCIO JULIANO MACHRY**  
Typed or printed name of signee

## *ARTICLE VI*

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is:*

*HOLDING*

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