



Oct 02, 2024 14:38 (UTC-04)

From: +14073378957 (KIS Consult)

To: +18506176381

1 of 4

10/2/24, 2:25 PM

# L24000 418118

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000333695 3)))



H240003336953ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : PS KIS LLC  
Account Number : I20240000110  
Phone : (407)707-4914  
Fax Number : (407)337-8957

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

Email Address: contact@kisconsult.com

RECEIVED  
2024 OCT -2 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

### FLORIDA LIMITED LIABILITY CO. MNB SANTANA PARTICIPACOES LLC

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

FILED  
2024 OCT -2 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H24000333695 3)))

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MNB SANTANA PARTICIPACOES 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:

Marcus Paulo L Segnini

Name of Person

PS KIS LLC

Firm/Company

6526 Old Brick Road, suite 120-238

Address

Windermere

City/State and Zip Code

contact@kiconsult.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Paulo L Segnini

407

7486462

at ( )

Name of Person

Area Code

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

2024 OCT -2 PM 1:23  
FILED  
STATE

((H24000333695 3)))

((H24000333695 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MNB SANTANA PARTICIPACOES 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:

5401 S KIRKMAN RD STE 560  
ORLANDO FL 32819

5401 S KIRKMAN RD STE 560  
ORLANDO FL 32819

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:

PS KIS LLC

Name

6526 Old Brick Road, suite 120-238

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

Windermere

FL

34786

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.,*

Marcos Paulo Lentes Sagumi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 OCT -2 PM 1:23  
OFFICE OF THE  
CLERK OF THE  
COURT

((H24000333695 3)))

((H24000333695 3)))

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Martha Helena Vasconcellos Santana  
Rua Aniz Homaidan, 21 - Itapebussu  
Guarapari - ES, 29210-200, Brasil

AMBR

Bruno Vasconcellos Santana  
Rua Aniz Homaidan, 21 - Itapebussu  
Guarapari - ES, 29210-200, Brasil

AMBR

Nathalia Vasconcellos Santana  
Rua Aniz Homaidan, 21 - Itapebussu  
Guarapari - ES, 29210-200, Brasil

(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:**

martha helena vasconcellos santana

**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.

Martha Helena Vasconcellos Santana

Typed or printed name of signee

**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)

((H24000333695 3)))