To: Florida Cept of State 11/13/24, 3:06 PM



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

From:

To:

Account Name	:	ELO ENTERPRISES,	INC
Account Number	:	120150000109	
Phone	:	(561)544 <b>-886</b> 2	
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

FLORIDA LIMITED LIABILITY CO

RECEIVED

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From: Lyslei Chirico

# ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# M&M USA INVESTMENTS GROUP LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLEU - Address:

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

Principal Office Address:	Mailing Address:	
9548 EDEN ROC COURT	9548 EDEN ROC COURT	
DELRAY BEACH, FL 33446	DELRAY BEACH, FL 33446	

### 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:

 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)



#### ARTICLE IV-

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

Fitle: 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	RODRIGO MOTTA MENDES
	9548 EDEN ROC COURT
	DELRAY BEACH, FL 33446
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.)

<u>Note:</u> 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.

REOUIRED SIGNATURE: hat To

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, 1 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.

> RODRIGO MOTTA MENDES - Manager Typed or printed name of signee

