1/22/25, 4:40 PM

Division of Corporations

Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128 Fax Number : (954)252-4650

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

Email Address: _____NFO@GFSTAXACCT.COM

FLORIDA LIMITED LIABILITY CO. FABER LOVE USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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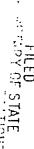
COVER LETTER

	iling Section on of Corporations				
F/ SUBJECT:	ABER LOVE USA LLC				
ODJECT:		f Limited Liabi	lity Company	-	
he enclosed A	ticles of Organization and fee(s	s) are submitted	for filing.		
ease return all	correspondence concerning thi	s matter to the	following:		
GIL	VAM F DOS SANTOS				
		Name of	Person		
GFS	TAX & ACCOUNTING SER	VICES			
		Firm/Co	отралу		
117	54 W SAMPLE RD - STE 102				
		Addr	ress		
CO	RAL SPRINGS, FL 33065				
INFO	@GFSTAXACCT.COM	City/State an	d Zip Code		
<u></u>	E-mail address: (to be u	ised for future a	unnual report notificat	ion)	
further inform	ation concerning this matter, pl	ease call:			
GIL	/AM F DOS SANTOS	754	268 6771		
	Name of Person	Area Code	Daytime Telephor	ne Number	
nclosed is a ch	eck for the following amount:				
\$125.00 Filin	-	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	
	Mailing Address		Street Address		JAN

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

§5 JAN 22 AH 9: 20



(((H25000026256 3)))

ARTICLES OF ORGANIZATION FURTHORID	A LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FABER LOVE USA LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
(company, Endren, or Eder,
ARTICLE II - Address:	
The mailing address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11764 W SAMPLE RD - STE 102	11764 W SAMPLE RD - STE 102
CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065
ARTICLE III - Registered Agent, Registered Office, & Regis	tered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	red 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 annual	
The name and the Florida street address of the registered agent at	ru:
GFS TAX & ACCOUNTING	SERVICES

Name 11764 W SAMPLE RD - STE 102 Florida street address (P.O. Box NOT acceptable) **CORAL SPRINGS** 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)

From Juliana dos santos

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	JOHNATHAN AREAL ALVES R. CLOVIS MACHADO. 122 - ENSEADA DO SUA VITORIA - ES. 29050-590. BRAZI	-
AMBR	SAUANA LANES DE OLIVEIRA ALVES R. CLOVIS MACHADO. 122 - ENSEADA DO SUA VITORIA - ES. 29030-590, BRAZI	
		<u>_</u>
		<u>_</u> _
(Use attachment if necessary)		
CLE V: Effective date, if other than offective date is listed, the date must e of filing.) If the date inserted in this block do	the date of filing: (OPTIONAL) t be specific and caunot be more than five business days prior to or sees not meet the applicable statutory filing requirements, this date will not be specificable.	•
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