

1/21/25, 2:38 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From: Account Name : JTAX CORP
 Account Number : I20200000009
 Phone : (954)544-1000
 Fax Number : (954)678-4500

S. CHATHAM
 JAN 25 2025

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

Email Address: HELLO@JTAXCORP.COM

RECEIVED
 2025 JAN 23 PM 12:17

**FLORIDA LIMITED LIABILITY CO.
 DREAM HEALTH BRAZIL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2025 JAN 23 PM 3:13
 STATE
 DEPARTMENT OF REVENUE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAM HEALTH BRAZIL 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:

1095 SPLASH SHOT PLACE
DAVENPORT, FL 33896

SAME

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:

JTAX CORP

Name

10055 YAMATO RD STE 206

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

BOCA RATON

FL

33498

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)

2025 JAN 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL

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

AMBR

RODOLFO BUSTAMANTE SA
AV BRIGADEIRO FARIA LIMA, 1.853 CJ 11
SAO PAULO SP 05426-100 BRAZIL

AMBR

RAFAEL BATISTA
RUA MATO GROSSO 306 CJ 1413
SAO PAULO SP 01239-040 BRAZIL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/21/2025 (OPTIONAL)

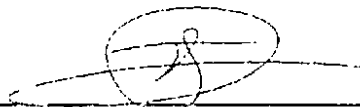
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

CONSULTING SERVICES

REQUIRED SIGNATURE:



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.

NIRVANDO COLARES BATISTA

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)

2025 JAN 23 PM 3:13
SECRETARY OF STATE
FLORIDA