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Foreign Limited Liability Company  
SUPER INVESTORS LLC

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October 18, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAXLEAF COM INC

SUBJECT: SUPER INVESTORS LLC  
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA  
H17000259000 3**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SUPER INVESTORS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TEXAS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2614076

(FEI number, if applicable)

4. SEPTEMBER, 29TH, 2017(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 3111 N UNIVERSITY DR STE 105

(Street Address of Principal Office)

CORAL SPRINGS, FL 33065

## 6. \_\_\_\_\_

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: ACCOUNTANT & MANAGEMENT, INC.Office Address: 1549 NE 123RD STNORTH MIAMI

(City)

, Florida 33161

(Zip code)

## Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:Name and Address:Title or Capacity:Name and Address:AMBRMATHEUS RIVERA DE CASTRO3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065AMBRROBERTO MARCONDES SANTOS GOMES3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Matheus Rivera de Castro

Signature of an authorized person

MATHEUS RIVERA DE CASTRO

Typed or printed name of signer

**H17000259000 3**

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697

**H17000259000 3**



Rolando B. Pablos  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Super Investors LLC (file number 802797966), a Domestic Limited Liability Company (LLC), was filed in this office on August 22, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: August 23, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 16, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State