

L22 000 225 284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

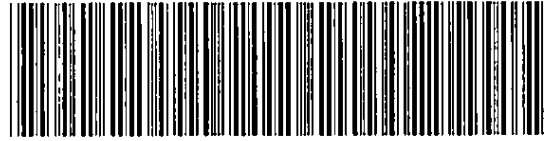
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLIANCE FOR FLORIDA

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CLERK OF STATE
ALLIANCE FOR FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 702140 8129047
AUTHORIZATION : *Signatures*
COST LIMIT : \$ 130.00

ORDER DATE : May 23, 2022
ORDER TIME : 9:34 AM
ORDER NO. : 702140-005
CUSTOMER NO: 8129047

FILED
2022 MAY 24 PM 3:12
TALLAHASSEE, FL 32301

DOMESTIC FILING
NAME: FISHCOAST HOLDINGS LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Fishcoast Holdings 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:

Pedro Miranda Rodrigues
Name of Person

Firm/Company

Av. Brigadeiro Faria Lima, 3477, Bloco A, Cj. 43.
Address

Itaim Bibi, Sao Paulo, SP, CEP 04538-133, Brazil
City/State and Zip Code

pedro@fractalasset.com.br
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
 TALLHASSEE, FLORIDA
 2022 MAY 24 PM 3:12

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For further information concerning this matter, please call:

Pedro Miranda Rodrigues +55 11 5555 8510
 Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fishcoast Holdings 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:

7215 Fisher Island Dr.

Miami, 33109 FL

Av. Brigadeiro Faria Lima, 3477

Bloco A, Cj. 43, CEP 04538-133

Itaim Bibi, Sao Paulo, SP, Brazil

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

City

State

Zip

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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.

Corporation Service Company

By Alexis Weibnd, assistant vice president

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Pedro Miranda Rodrigues
Av. Brigadeiro Faria Lima, 3477, Bloco A, Cj. 43,
Itaim Bibi, Sao Paulo, SP, CEP 04538-133, Brazil

AMBR

Soraya Miranda Rodrigues
Av. Brigadeiro Faria Lima, 3477, Bloco A, Cj. 43,
Itaim Bibi, Sao Paulo, SP, CEP 04538-133, Brazil

(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 used as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Pedro M. Rodrigues

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.

Pedro Miranda Rodrigues

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)

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2022 MAY 24 PM 3:15
DEPARTMENT OF STATE