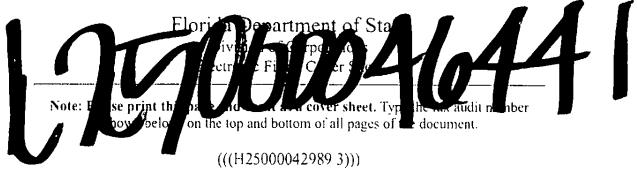
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Division of Corporations





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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PS KIS LLC Account Number : I20240000110

: (407)707-4914 Fax Number : (407)337-8957

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

Email Address: Contact@kisconsult.com

## FLORIDA LIMITED LIABILITY CO. JMDV Investments LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## **COVER LETTER**

From: +14073378957 (KIS Consult)

TO:	New Filing Section Division of Corporations
eunu	JMDV Investments LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Marcus Paulo L Segnini
	Name of Person
	PS KIS LLC
	Firm/Company
	6526 Old Brick Road, suite 120-238
	Address
	Windermere
	City/State and Zip Code contact@kisconsult.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Marcus Paulo I. Segnini 407 7486462
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
c	5.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
C.	
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, Fl. 32314Tallahassee, Fl. 32303

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From: +14073378957 (KIS Consult.)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: JMDV Investments 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: 15741 Sweet Lemon Way 15741 Sweet Lemon Way Winter Garden, Florida 34787 Winter Garden, Florida 34787 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:

PS KIS LLC		
	Name	
6526 Old Brick Roa	id, suite 120-238	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Windermere	<u>FL</u>	34786
City	State	Zin

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.,

Marcas Paulo Lettes Segun;
Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H25000042989 3)))

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Tit	le:	Name and Address:
	MBR" = Authorized Me GR" = Manager	
	AMBR	Thiago Valente Carneiro R. Emiliano Di Cavalcanti, N 91 - Residencial Da Vinci
		Sete Lagoas - MG Brazil
<u>AN</u>	MBR	Juliany Valente Carneiro Rua Candido Portinari N 29 - Bairro Ermitage Sete Lagoas - MG Brazil
	<del></del> _	
(Us	e attachment if necessar	y)
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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)