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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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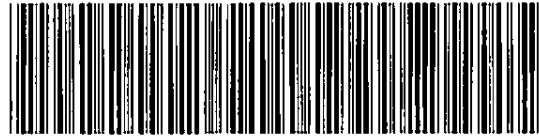
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

**Articles of Organization
Of a new Florida Limited Liability Company**

SUBJECT: MESA VERDE PARTNERS LLC

Dear Sir or Madam,

The enclosed Articles of Organization, and applicable fees are submitted for filing.

Please return all correspondence concerning this matter to:

Mesa Verde Partners LLC
7901 4th St N Ste 300
St. Petersburg, FL 33702

E-mail: compliance@accoretax.com

For further information concerning this matter, please call:

Lucas Silva at (954) 380-6672

Enclosed:
Filing fee payment.

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:

MESA VERDE PARTNERS 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:

7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

Mailing Address:

7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

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:

REGISTERED AGENTS INC

Name

7901 4TH ST N STE 300

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

ST. PETERSBURG FL 33702

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..

David Roberts

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

VALDINEI CESAR BORGES

R. JOAO ANGELO CORDEIRO 1047 APT 102

SAO JOSE DOS PINHAIS. PR 83005-570. BRAZIL

AMBR

EDER TERNEL DE SOUZA

R. JOAO ANGELO CORDEIRO 1047 APT 107

SAO JOSE DOS PINHAIS. PR 83005-570. BRAZIL

AMBR

ANTONIO CARLOS MENDES JUNIOR

R MARANHAO 23. BONECA DO IGUACU

JOSE DOS PINHAIS. PR 83040-060. 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 listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Assinado por:

Valdinei Borges

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.

VALDINEI CESAR BORGES

Typed or printed name of signer

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)