## F18000004714

| (Requestor's Name)                      |
|---|
| (Address)                               |
| ( issuess)                              |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Bocament Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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N CULLIGAN

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |                                    |            |  |   |
|---|--|------------------------------------|------------|--|---|
| 01111   | TECSOIL USA INC  |                                    |            |  |   |
| SUB   | JECT:  | Name of corporati                  | on - mu    | st include suffix  |   |
| Dear :  | Sir or Madam:  |                                    |            |  |   |
| "Cert   | nclosed "Application by Foi<br>fficate of Existence," or "Ce<br>referenced foreign corpora | rtificate of Good S                | tanding`   | and check are subm   |   |
|   | e return all correspondence o  | concerning this ma                 | ter to th  | e following:   |   |
|   |  | Name                               | of Perso   | n  |   |
| CARI  | BROS LLC   |                                    |            |  |   |
|   |  | Firm/C                             | ompany     |  |   |
| 299 A   | LHAMBRA CIR - SUITE 402  | 3                                  |            |  |   |
|   |  | Ad                                 | dress      |  |   |
| CORA  | AL GABLES - FL - 33134   |                                    |            |  |   |
|   |  | City/Stat                          | e and Zij  | p code   |   |
| CRIS  | TINA@CARIBROS.COM  |                                    | 100        |  | 1A  |
|   | t-mail   | address: (to be use                | ed for ful | ture annual report no  | iffication)   |
| For fi  | irther information concernir   | ng this matter, pleas              | se call:   |  |   |
| CRISTINA TORDIN 305   |  | 91                                 | 21 9562    |  |   |
|   | Name of Person   | at (<br>Area C                     | )          | Davtime Telepho  | no Numbor   |
|   | Name of Ferson   | Alea C                             | ouc        | Daytine relepho  | ne Number   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |                                    |            | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   |
| Enclo   | sed is a check for the follow  | ving amount:                       |            |  |   |
| <b></b> \$7   |  | 75 Filing Fee & tificate of Status |            | .75 Filing Fee & tified Copy   | S87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |



September 19, 2018

CRISTINA TORDIN 299 ALHAMBRA CIR-SUITE 403 CORAL GABLES, FL 33134

SUBJECT: TECSOIL USA INC Ref. Number: W18000084064

We have received your document for TECSOIL USA INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 918A00019572

www.sunbiz.org

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

|                               | orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")   | "COMPANY," "CORPORATION,"   |                  |                       |
|-------------------------------|---|---|------------------|-----------------------|
| DELAWARE                      | able in Florida, enter alternate corporate name :   | 38-4091184  | ness in Florida) |                       |
| (State or countr              | y under the law of which it is theorporated)  | (FEI number, if applicable)   |                  |                       |
| (Date of incorporation)       |   | (Date of duration, if other than pe   | erpetual)        |                       |
|                               | (300 300 11000 0073 501 10 0073   | 62. F.S., to determine penalty liability)   |                  |                       |
| 1645 Palm Beac                | h Lakes Boulevard, suite 1200 - West Palm Be  |   |                  |                       |
| 1645 Palm Beac                | h Lakes Boulevard, suite 1200 - West Palm Be<br>(Princip  | ach - Florida - 33401   | SECRI<br>FALLA   | 7018 00               |
| Name and <u>stre</u>          | (Current mailing address of Florida registered agent: (P.C.)  | nech - Florida - 33401  nal office address)  ng address, if different)  D. Box <u>NOT</u> acceptable) |                  | 7018 OCT 17 P         |
| Name and <u>stre</u><br>Name: | h Lakes Boulevard, suite 1200 - West Palm Be<br>(Princip<br>(Current mailinet address of Florida registered agent: (P.C | nech - Florida - 33401  nal office address)  ng address, if different)  D. Box <u>NOT</u> acceptable) |                  |                       |
| Name and <u>stre</u>          | (Current mailing the address of Florida registered agent: (P.C. CARIBROS LLC 299 ALHAMBRA CIR - SUITE 403               | nech - Florida - 33401  nal office address)  ng address, if different)  D. Box <u>NOT</u> acceptable) |                  | 7018 OCT   7 PH 3: 49 |

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 11. Names and business addresses of officers and/or directors:   |                   |
|--|-------------------|
| A. DIRECTORS   |                   |
| Daniel Padrão Chairman:  |                   |
| Rua Abrahão Vinhas 242, Araçatuba - SP - Brazil Address:   | <del></del> ;     |
|  |                   |
| Vice Chairman:   |                   |
| Address:   | ···               |
|  |                   |
| Daniel Padrão Director:  |                   |
| Rua Abrahão Vinhas 242, Araçatuba - SP - Brazil Address:   |                   |
| Audicss.   |                   |
| Director:  | 20<br>S S         |
|  | B OC              |
| Address:   | T I               |
| D. OTWICENC  | SET 0 P           |
| B. OFFICERS  Daniel Padrão   | PH 3:             |
| President:   | 6.4:<br>6.4:      |
| Address:   | <del></del>       |
|  |                   |
| Vice President:  |                   |
| Address:   | <u></u> ,         |
|  | <del></del> -     |
| Daniel Padrão Secretary:   |                   |
| Address: Rua Abrahão Vinhas 242, Araçatuba - SP - Brazil   |                   |
| Treasurer:   |                   |
| Rua Abrahão Vinhas 242, Araçatuba - SP Brazil Address:   |                   |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or of                                    | directors.        |
|  |                   |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the fa | cts stated herein |
| are true and that he or she is aware that 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.   |                   |

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TECSOIL USA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECSOIL USA, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203479776

Date: 09-24-18

6990221 8300 SR# 20186804566