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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Noesis Us, Corp.  |   |
| Name of corporation  | on - must include suffix  |
| Dear Sir or Madam:   |   |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good State above referenced foreign corporation to transact busing | anding" and check are submitted to register the   |
| Please return all correspondence concerning this matt  | er to the following:  |
| Christopher Consoletti, Esq.   |   |
| Name o   | of Person   |
| AAFCPAs, Inc.  |   |
| Firm/Co  | mpany   |
| 50 Washington Street   |   |
| Add  | iress :3  |
| Westborough, MA 01581  | —   |
| City/State   | and Zip code  |
| legal@noesis.pt  |   |
| E-mail address: (to be used  | for future annual report notification)  |
| For further information concerning this matter, please   | e call:   |
| Christopher Consoletti, Esq 508  | 948-7970  |
| Name of Person Area Co   | ode ) 948-7970<br>Daytime Telephone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303                 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314              |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status          | NT OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

# 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.

| (If name unavailable in Final Delaware  (State or country under to 12/22/2017  (Date of incord January 1, 2023  CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street address  Name: | lorida, enter alternate corporate name ado  3  | (FEI number, if applicable)  (Date of duration, if other than perportida, if prior to registration)  F.S., to determine penalty liability)  DA F LISBON 1600-209 PT | )                 |
|--|--|---|-------------------|
| Delaware  (State or country under to 12/22/2017  (Date of incord January 1, 2023  CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street address  Name:                               | the law of which it is incorporated)  5  | (FEI number, if applicable)  (Date of duration, if other than perportida, if prior to registration)  F.S., to determine penalty liability)  DA F LISBON 1600-209 PT | petual)           |
| (State or country under to 12/22/2017  (Date of incordiant for 1, 2023  CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street addresses.   | (Date first transacted business in Fl. (SEE SECTIONS 607.1501 & 607.1502.  AL TORRES DE LISBOA RUA TOMAS  (Principal office grades)  Raleigh, NC 27603  (Current mailing a           | (Date of duration, if other than perporida, if prior to registration) F.S., to determine penalty liability) DA F LISBON 1600-209 PT                                 | petual)           |
| 12/22/2017  (Date of incording January 1, 2023  CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street addresses.   | (Date first transacted business in Fl. (SEE SECTIONS 607.1501 & 607.1502.  AL TORRES DE LISBOA RUA TOMAS  (Principal office grades)  Raleigh, NC 27603  (Current mailing a           | (Date of duration, if other than perporida, if prior to registration) F.S., to determine penalty liability) DA F LISBON 1600-209 PT                                 | petual)           |
| January 1, 2023  CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street addre.  Name:   | (Date first transacted business in FI<br>(SEE SECTIONS 607.1501 & 607.1502.<br>AL TORRES DE LISBOA RUA TOMAS<br>(Principal office g<br>Raleigh, NC 27603                             | orida, if prior to registration) F.S., to determine penalty liability) DA F LISBON 1600-209 PT street address)  | 1- 3              |
| January 1, 2023  CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street addre.  Name:   | (Date first transacted business in FI<br>(SEE SECTIONS 607.1501 & 607.1502.<br>AL TORRES DE LISBOA RUA TOMAS<br>(Principal office g<br>Raleigh, NC 27603                             | orida, if prior to registration) F.S., to determine penalty liability) DA F LISBON 1600-209 PT street address)  | 1- 3              |
| CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street addre.  Name:  | (SEE SECTIONS 607.1501 & 607.1502, AL TORRES DE LISBOA RUA TOMAS  (Principal office services)  (Current mailing a  | F.S., to determine penalty liability) DA F LISBON 1600-209 PT  street address)  | •                 |
| CENTRO EMPRESARIA  310 S. Harrington Street,  Name and street addre.  Name:  | (SEE SECTIONS 607.1501 & 607.1502, AL TORRES DE LISBOA RUA TOMAS  (Principal office services)  (Current mailing a  | F.S., to determine penalty liability) DA F LISBON 1600-209 PT  street address)  | •                 |
| Name and street address  | (Principal office s<br>Raleigh, NC 27603<br>(Current mailing a   | street address)   | •                 |
| Name and street address Name:  | Raleigh, NC 27603  (Current mailing a  | ·   | •                 |
| Name and street address Name:  | (Current mailing a   | ddress, if different)   | •                 |
| Name: CTC  | , C  | ddress, if different)   | •                 |
| Name: CTC  | Cristile interest (P.O. r  |   |                   |
| Name:  | ss of Florida registered agent: (P.O. E  | ox <u>NOT</u> acceptable)   | ري<br>ن           |
| 1200   | Corporation System   | _   | -5.               |
| ffice Address:   | South Pine Island Road   | _   | 6::3              |
| Plants   | ation  | , Florida 33324   | \O                |
|  | (City)   | (Zip code)  |                   |
| esignated in this applica<br>arther agree to comply v  | cceptance: egistered agent and to accept service ation, I hereby accept the appointmen with the provisions of all statutes rela nd accept the obligations of my posite Christine Kel | nt as registered agent and agree to active to the proper and complete perfo<br>tive to the proper and complete perfo<br>tion as registered agent.                   | et in this capaci |
|  | (Registered agent's sign   |   |                   |
|  | (Registered agent's sign   | ature)  |                   |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Name: \_\_\_See Attached Chairman Name: □ Chairman □ Vice Chairman Address: \_\_\_\_\_ \_\_\_ Address: \_\_\_\_\_ □ Vice Chairman □ Director □ Director □ President President ☐ Vice President □Vice President \_\_\_\_\_ ☐Treasurer ☐ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Name: \_\_\_\_\_ ☐ Chairman □ Chairman ☐ Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_\_ Director □Director □ President □President □Vice President \_\_\_\_\_ ☐ Vice President □Treasurer Treasurer □ Secretary □ Secretary □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ □Chairman ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □ Director Director ☐ President ☐ President ☐ Vice President ☐ Vice President \_\_\_\_\_\_ □Treasurer ☐ Secretary Treasurer □ Secretary □Other \_ □Other \_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Luis Manuel de Castro Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts 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.

## Officer:

| Name:          | Title:             | Street/city/state/ ZIP   |
|----------------|--------------------|--|
| Alexandre Rosa | Pres., CEO         | Centro Empresarial Torres De<br>Lisboa, Rua Tomas Da fonseca<br>Torre E-14 Piso, 1600-209,<br>Lisbon, Portugal |
| Lola Suarez    | Vice President     | Centro Empresarial Torres De<br>Lisboa. Rua Tomas Da fonseca<br>Torre E-14 Piso, 1600-209,<br>Lisbon, Portugal |
| Nelson Pereira | V.P. and Secretary | Centro Empresarial Torres De<br>Lisboa, Rua Tomas Da fonseca<br>Torre E-14 Piso, 1600-209,<br>Lisbon, Portugal |
| Luis Castro    | CFO and Treasurer  | Centro Empresarial Torres De<br>Lisboa, Rua Tomas Da fonseca<br>Torre E-14 Piso, 1600-209,<br>Lisbon, Portugal |
| Directors      |                    | 7 · 6 · 1 · 5  |
| Alexandre Rosa | Director           | Centro Empresarial Torres De<br>Lisboa, Rua Tomas Da fonseca<br>Torre E-14 Piso, 1600-209,<br>Lisbon, Portugal |
| Lola Suarez    | Director           | Centro Empresarial Torres De<br>Lisboa, Rua Tomas Da fonseca<br>Torre E-14 Piso, 1600-209,<br>Lisbon, Portugal |

Nelson Pereira

Director

Centro Empresarial Torres De

Lisboa, Rua Tomas Da fonseca

Torre E-14 Piso, 1600-209,

Lisbon, Portugal

Luis Castro

Director

Centro Empresarial Torres De

Lisboa, Rua Tomas Da fonseca

Torre E-14 Piso, 1600-209,

Lisbon, Portugal

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<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "NOESIS US, CORP." 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 SECOND DAY OF FEBRUARY, A.D. 2023.



Jeffrey W. Bullock, Sacretary of State )

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