

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORSETTI EMPREENDIMENTOS IMOBILIARIOS LTDA.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

8615 COMMODITY CIRCLE STE 06

Address

ORLANDO/FL 32819

City/State and Zip Code

FINANCES@LARSONACC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEITON CARDOSO

Name of Person

407

at ()

370-3686

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **CORSETTI EMPREENDIMENTOS IMOBILIARIOS LTDA.LLC.**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **SAO PAULO-BRAZIL**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **N/A**

(FEI number, if applicable)

4. **JANUARY 18, 2012**

(Date of Organization)

5. **PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **RUA ANA BELMIRA NOVAES #235**

SERRA NEGRA, SP, 13930-000, BRAZIL

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

CARLOS ALBERTO CORSETTI/ADDRESS: RUA ANA BELMIRA NOVAES #235, SERRA NEGRA, SP, 13930-000, BRAZIL

ADRIANE DEMATTE BULK CORSETTI/ADDRESS: RUA ANA BELMIRA NOVAES #235, SERRA NEGRA, SP, 13930-000, BRAZIL

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **REAL ESTATE INVESTMENTS**


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signer
CARLOS ALBERTO CORSETTI

FILED
13 SEP -4 PM 3:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CORSETTI EMPREENDIMENTOS IMOBILIARIOS LTDA.

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

LARSON ACCOUNTING & CONSULTING SERVICES LLC

(Name)

8615 COMMODITY CIRCLE STE 06

Florida Street Address (P.O. Box NOT ACCEPTABLE)

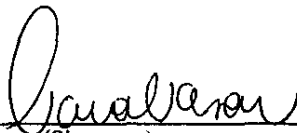
ORLANDO

FL

32819

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 608, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



MINISTÉRIO DA FAZENDA
Procuradoria-Geral da Fazenda Nacional
Secretaria da Receita Federal do Brasil

CERTIDÃO CONJUNTA NEGATIVA
DE DÉBITOS RELATIVOS AOS TRIBUTOS FEDERAIS E À DÍVIDA ATIVA DA UNIÃO

Nome: CORSETTI EMPREENDIMENTOS IMOBILIARIOS LTDA
CNPJ: 14.987.300/0001-10

Ressalvado o direito de a Fazenda Nacional cobrar e inscrever quaisquer dívidas de responsabilidade do sujeito passivo acima identificado que vierem a ser apuradas, é certificado que não constam pendências em seu nome, relativas a tributos administrados pela Secretaria da Receita Federal do Brasil (RFB) e a inscrições em Dívida Ativa da União junto à Procuradoria-Geral da Fazenda Nacional (PGFN).

Esta certidão, emitida em nome da matriz e válida para todas as suas filiais, refere-se exclusivamente à situação do sujeito passivo no âmbito da RFB e da PGFN, não abrangendo as contribuições previdenciárias e as contribuições devidas, por lei, a terceiros, inclusive as inscritas em Dívida Ativa do Instituto Nacional do Seguro Social (INSS), objeto de certidão específica.

A aceitação desta certidão está condicionada à verificação de sua autenticidade na Internet, nos endereços <<http://www.receita.fazenda.gov.br>> ou <<http://www.pgfn.fazenda.gov.br>>.

Certidão emitida com base na Portaria Conjunta PGFN/RFB nº 3, de 02/05/2007.

Emitida às 14:17:46 do dia 02/08/2013 <hora e data de Brasília>.

Válida até 29/01/2014.

Código de controle da certidão: **FD2.437B.C294.9BE5**

Certidão emitida gratuitamente.

Atenção: qualquer rasura ou emenda invalidará este documento.

PUBLIC NOTARY - AFFIDAVIT OF SWORN

STATE OF FLORIDA)

COUNTY OF ORANGE)

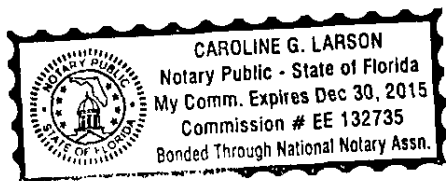
This Affidavit was sworn to and subscribed before me this 14th day of AUGUST, 2013,

by: CLEITON CARDOSO, this

person (s) is personally known to me, or has produced

_____ as identification.

(Affix Notary Stamp/Seal Below)



Caroline Larson

NOTARY PUBLIC STATE OF FLORIDA

Print Name: CAROLINE LARSON

My Commission Expire: DEC 30, 2015

DEPARTMENT OF TREASURY
Attorney General of the National Treasure
Department of the Federal Revenue of Brazil

JOINT LIABILITY CERTIFICATE
OF DEBTS CONCERNING FEDERAL TAXES AND ACTIVE DEBT OF UNION

Name: CORSETTI EMPREENDIMENTOS IMOBILIARIOS LTDA
CNPJ: 14.987.300/0001-10

Subject to the right of the National Treasury collect and sign any debt liability of the taxpayer identified above that may be cleared, we certify that, there is none included pending debts on his behalf regarding administrative taxes by the Internal Revenue Service of Brazil (RFB) and Debt inscriptions in the Active Debt of Union along the Attorney General's National Treasure (PGFN).

This certificate, issued in the name of the array is valid for all its branches, refers solely to the taxpayer's situation in accordance to the RFB and PGFN, not including social security contributions and the contributions due, by law, third parties, including those entered in Active Debt National Institute of Social Security (INSS), object certificate specifies.


The acceptance of this certificate shall be conditional upon verification of its authenticity on the internet, at the addresses <http://www.receita.fazenda.gov.br> or <http://www.pgfn.fazenda.gov.br>.

Certificate issued on the basis of PGFN / RFB nº3 of 05/02/2007. Issued at 14:17:46 of 08/02/2013
<time and date of Brasilia>.
Valid until 01/29/2014.
Control code of the certificate: **FDf2.437B.C294.9BE5**

Certificate issued for free.

Attention: any erasures or overwriting will invalidate this document.

I Cleiton Cardoso, do hereby certify that the above is a true translation of the attached document from the Portuguese language to the English language, done to the best of my knowledge and belief.

 08/14/13
Cleiton Cardoso