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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DRUMMOND CPA LLC
Account Number : 120150000129
Phone : (781)770-0005
Fax Number : (866)550-6705

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Email Address: _____

Foreign Limited Liability Company
BRL Investimentos USA LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BRL INVESTIMENTOS USA LLC

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

BRL INVESTMENTS LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK

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

3. 81-3101632

(FEI number, if applicable)

4. 07/10/2016

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 531 EAST 20TH STREET, APT 8G

NEW YORK, NY 10010

(Street Address of Principal Office)

6. 601 BRICKELL KEY DRIVE, SUITE 901

MIAMI, FL 33131

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DRUMMOND CPA LLC

Office Address: 601 BRICKELL KEY DRIVE, SUITE 901

MIAMI

Florida 33131

(City)

(Zip code)

Registered agent's acceptance:

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 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.

* [Signature] (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Rodrigo Gomes, Manager, Rua Iguatemi 151 - 19th Floor - Sao Paulo - SP 01451-011 Brazil

Paulo Barbosa, Member, 531 East 20th Street - Apt 8G - New York - NY 10010

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature] Signature of an authorized person

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.

Rodrigo Gomes

Typed or printed name of signee

H16000170064 3

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**State of New York
Department of State } ss:**

I hereby certify, that BRL INVESTIMENTOS USA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/22/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of June two
thousand and sixteen.*

Anthony Giardinia

Executive Deputy Secretary of State