

M22000005462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

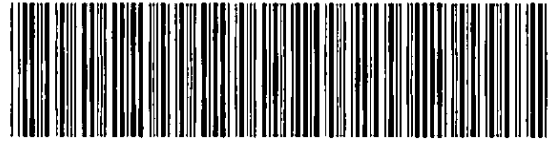
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2022 APR - 8 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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S. ROBERTS
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**CORPORATE
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WALK IN

PICK UP: 4/8 DANNY

- CERTIFIED COPY** _____
PHOTOCOPY _____
 CUS _____
 FILING FOREIGN LLC _____

1. **BRASIL CAPITAL ADVISER LLC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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. BRASH, CAPITAL ADVISER LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

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

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

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration /
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 323 Sunny Isles Blvd 7th Floor - Room 724
(Street Address of Principal Office)
Sunny Isles Beach, FL 33160

6. 323 Sunny Isles Blvd 7th Floor - Room 724
(Mailing Address)
Sunny Isles Beach, FL 33160

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

Name: Registered Agents Inc

Office Address: 7901 4th St N Ste 300

St. Petersburg, Florida 33702
(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.

Bill Hanna

(Registered agent's signature)

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TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity: Name and Address:
 Manager Name: Christian Klotz
 Member Address: 16901 Collins Ave Apt 905
 Authorized Sunny Isles, FL 33160
Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Brasil Capital USA LLC
 Member Address: 327 Sunny Isles Blvd 7th Floor - Room 724
 Authorized Sunny Isles, FL 33160
Person _____
 Other _____ Other _____

Manager Name: Levante Partners LLC
 Member Address: 251 Little Falls Drive
 Authorized Wilmington, DE 19808
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

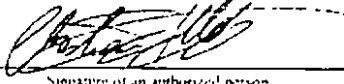
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 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.

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.)

10. 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.



Signature of an authorized person

Christian Klotz

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRASIL CAPITAL ADVISER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRASIL CAPITAL ADVISER LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2020.

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



3170429 8300

SR# 20221317147

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203101135

Date: 04-05-22