

From

03/19/2015 09:15

P.001/003

Division of Corporations

Page 1 of 1

**P/5000026557**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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15 MAR 19 AM 11:46  
TELECOMMUNICATIONS  
DIVISION OF CORPORATIONS

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
Savene Florida Holdings Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

*03/20/15*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 19 AM 10:36

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Savene Florida Holdings Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

c/o Heidner Law Firm, PC  
500 Fifth Ave. Suite 1810  
New York; NY 10110

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for  
which a corporation may be formed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATION  
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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mariana Monteiro de Carvalho, Director

Name and Title: Sergio Alberto Monteiro de Carvalho, Director

Address: Av. Vieira Souto 390, SB1  
Ipanema, Rio de Janeiro, RJ  
Brazil

Address: Av. Vieira Souto 390, SB1  
Ipanema, Rio de Janeiro, RJ  
Brazil

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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03/19/2015 09:43

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(cont.)

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BlumbergExcelsior Corporate Services Inc.  
 Address: 155 Office Plaza Drive, 1st Fl.  
Tallahassee, FL 32301

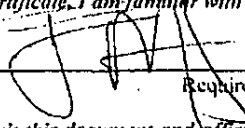
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christian D. Curtis  
 Address: 500 Fifth Ave. Suite 1810  
New York, NY 10110

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

Jose Mojica, Asst. Sec

3-19-2015  
 \_\_\_\_\_  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator

03/19/2015  
 \_\_\_\_\_  
 Date