

From:

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05/18/2016 09:46 #6 P.001/003

Florida Department of State
Division of Corporations
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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

Decoder Properties Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

16 MAY 18 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*TRT
5/16*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 18 PM 3:18

FILED

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: Decoder Properties Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 Fifth Avenue, Suite 1810

500 Fifth Avenue, Suite 1810

New York, NY, 10110

New York, NY, 10110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to exercise any lawful activities under the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Decoder Capital Ltd. - Sole Member

Name and Title: Melyssa Carolina Bisco - Director

Address: Rua Guilherme da Silva 360, 21

Address: Rua Guilherme da Silva 360, 21

Cambui, Campinas

Cambui, Campinas

São Paulo, 13025-070, Brazil

São Paulo, 13025-070, Brazil

Name and Title: Joao Batista Bisco - Director

Name and Title: _____

Address: Rua Guilherme da Silva 360, 21

Address: _____

Cambui, Campinas

São Paulo, 13025-070, Brazil

Name and Title: Pedro Vinicius Bisco- Director

Name and Title: _____

Address: Rua Guilherme da Silva 360, 21

Address: _____

Cambui, Campinas

São Paulo, 13025-070, Brazil

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TALLAHASSEE FLORIDA

From:

05/18/2016 09:46 #629 P.003/003

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Maisonav
 Address: 16 Court St, 14th Fl
Brooklyn, NY 11241

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Asst. Secretary, Jose Mojica

 Required Signature/Registered Agent

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.

Ana Maisonav
 Required Signature/Incorporator

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