

F15000002420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

6/4/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TERAMUNDI SOLUCOES LTDA - ME

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHEL DE AMORIM

Name of Person

DRUMMOND CONSULTING LLC

Firm/Company

80SW 8TH ST SUITE 2000

Address

MIAMI, FL 33130

City/State and Zip code

mamorim@drummondcpallc.com

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

For further information concerning this matter, please call:

MICHEL DE AMORIM at (**781**) **770-0005**

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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15 JUN -1 PM 3:16
TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

MICHEL DE AMORIM
80 SW 8TH STREET
SUITE 2000
MIAMI, FL 33130

SUBJECT: TERAMUNDI SOLUCOES LTDA - ME
Ref. Number: W15000033108

RECEIVED
15 JUN -1 PM 1:14
DIVISION OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TERAMUNDI SOLUCOES LTDA - ME and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Should this be a Foreign Limited Liability Company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 615A00009789

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **TERAMUNDI SOLUCOES LTDA - ME INCORPORATED**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **BRAZIL**

(State or country under the law of which it is incorporated)

3. **98-1237271**

(FEI number, if applicable)

4. **03/03/2011**

(Date of incorporation)

5. **"PERPETUAL"**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **RUA GELU VERVOLET DOS SANTOS N.590 SALA 801/802 VITORIA/ES CEP: 29.090-100**

(Principal office address)

80SW 8TH ST SUITE 2000, MIAMI, FL 33130

(Current mailing address)

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

Name: **DRUMMOND CONSULTING LLC**

Office Address: **80SW 8TH ST SUITE 2000**

MIAMI

(City)

33130

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: EDUARDO MOTTA BRAGATTO

Address: RUA ODETTE DE OLIVEIRA LACOURT N.210

VITORIA - ES CEP: 29.060-050

Director: LUCIANO BASTOS GUIMARAES

Address: RUA ELESBAO LINHARES N.315 APT.701

VITORIA - ES CEP: 29.055-340

B. OFFICERS

President: EDUARDO MOTTA BRAGATTO

Address: RUA ODETTE DE OLIVEIRA LACOURT N.210

VITORIA - ES CEP: 29.060-050

Vice President: LUCIANO BASTOS GUIMARAES

Address: RUA ELESBAO LINHARES N.315 APT.701

VITORIA - ES CEP: 29.055-340

Secretary: RODRIGO AMBROSIO QUINTAO

Address: RUA JOAO JOAQUIM DA MOTA N.320 APT.903 VILA VELHA - ES CEP: 29.101-200

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. EDUARDO MOTTA BRAGATTO

(Typed or printed name and capacity of person signing application)

Revenue Service

Proof of Registration and Status

Check the identification information of Business Entity and if there is any discrepancy, request its update before the RFB (Brazilian Department of Revenue).

**FEDERAL REPUBLIC OF BRAZIL
NATIONAL REGISTRY OF BUSINESS ENTITIES
PROOF OF REGISTRATION AND STATUS**

OPENING DATE: 03/03/2011
REGISTRATION NUMBER
13.419.453/0001-07
PARENT COMPANY

ENTITY NAME:
TERAMUNDI SOLUCOES LTDA - ME
DOING BUSINESS AS:
TERAMUNDI

BUSINESS CODE AND LEGAL NATURE:
63.11-9-00 DATA PROCESSING, APPLICATION PROVIDER AND INTERNET HOSTING SERVICES

CODE AND DESCRIPTION OF SECONDARY ECONOMIC ACTIVITIES: NOT INFORMED

CODE AND DESCRIPTION OF THE LEGAL NATURE: 2062 LIMITED LIABILITY ENTITY

ADDRESS: **R GELU VERVLOET DOS SANTOS, 590 ,**
COMPLEMENT: SALA 801 E 802; EDIF NORTE SUL TOWER
NEIGHBORHOOD: JARDIM CAMBURI
CITY: VITORIA, STATE: ES

EMAIL ADDRESS: JUNIORMEDEIROS@MEDEIROSASSOCIADOS.COM
TELEPHONE: (27) 3337-4469

FEDERATIVE RESPONSIBLE ENTITY(EFR)
NONE

REGISTRATION STATUS: ACTIVE

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SECRETARY OF STATE
ALLAHUAC, FLORIDA

