

F17000002803

(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:

Office Use Only



900300272069

06/19/17--01030--013 **70.00

FILED
17 JUN 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MFRR ASSETS AND RETROFITS INC.

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 AMORIM

Name of Person

DRUMMOND ADVISORS LLC

Firm/Company

601 BRICKELL KEY DRIVE, SUITE 901

Address

MIAMI, FLORIDA 33131

City/State and Zip code

mamorim@drummondadvisors.com

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

For further information concerning this matter, please call:

Rodrigo Torres

305

767 8688

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

**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.*

MFRR ASSETS AND RETROFITS INC.

1. _____
(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. DELAWARE 3. 47-3353817
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/03/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/13/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 BRICKELL KEY DRIVE, SUITE 901, MIAMI, FLORIDA 33131
(Principal office address)

(Current mailing address, if different)

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

Name: DRUMMOND CONSULTING LLC
Office Address: 601 BRICKELL KEY DRIVE, SUITE 901
MIAMI, Florida 33131
(City) (Zip code)

FILED
17 JUN 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: MIGUEL RUBEN

Address: Rua Vigário Dantas, 151 Apt 1000
Uberlandia - MG - Brazil - 38400-202

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MIGUEL RUBEN

Address: Rua Vigário Dantas, 151 Apt 1000
Uberlandia - MG - Brazil - 38400-202

Vice President: _____

Address: _____

Secretary: Maria Aparecida Rodrigues Ruben

Address: Rua Vigário Dantas, 151 Apt 1000, Uberlandia - MG - Brazil - 38400-202

Treasurer: MIGUEL RUBEN

Address: Rua Vigário Dantas, 151 Apt 1000, Uberlandia - MG - Brazil - 38400-202

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

12. Miguel Ruben

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Miguel Ruben - Director

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

FILED
17 JUN 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MFRR ASSETS AND RETROFITS INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JUNE, A.D.
2017.



5702851 8300

SR# 20173767233

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202576170

Date: 06-02-17