

To

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2024-03-01 14:44:43 GMT

14076046519

From: RUBEM SOUZA

3/1/24, 9:39 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**A2400000824493**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP  
Account Number : 120190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

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

Email Address: contact@medeirosouza.com

RECEIVED

2024 MAR -1 AM 11:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP  
10X INVESTMENTS USA LP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,008.75

2024 MAR -1 AM 8:18

FILED  
MAR 1 2024  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 10X investments USA LP

\_\_\_\_\_  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing

Please return all correspondence concerning this matter to:

Ruben Souza

\_\_\_\_\_  
Contact Person

MEDEIROS SOUZA CORP

\_\_\_\_\_  
Firm/Company

1711 Amazing Way Ste 213

\_\_\_\_\_  
Address

Ocoee, FL 34761

\_\_\_\_\_  
City, State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

Ruben Souza

at (407) 3268484

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)
- ☒ \$1,008.75 Filing Fees  
and Certificate of  
Status
- ☐ \$1,052.50 Filing Fees  
and Certified Copy
- ☐ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET 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

To:

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2024-03-01 14:44:43 GMT

14076046519

From: RUBEM SOUZA

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. 10X investments USA LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 1711 Amazing Way Ste 213, Ocoee, FL 34761

(Street address of initial designated office)

3. MEDEIROS SOUZA CORP

(Name of Registered Agent for Service of Process)

4. 1711 Amazing Way Ste 213, Ocoee, FL 34761

(Florida street address for Registered Agent)

5. *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.*



Signature of Registered Agent

6. 1711 Amazing Way Ste 213, Ocoee, FL 34761

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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REC'D  
MAR 1 2024  
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## 8. Name and business address of each general partner:

Name:Business Address:

ALY INVESTMENTS USA LLC

1711 Amazing Way Ste 213, Ocoee FL, 34761

ABRAHAM INTERNATIONAL LLC

1711 Amazing Way Ste 213, Ocoee FL, 34761

9. Effective date, if other than the date of filing: \_\_\_\_\_  
*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

**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.

Signed this 1<sup>st</sup> day of March, 2024

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

RUBEM DA SILVA TAVOLAZZI

LEONARDO AGUIAR MACHADO BORGES

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50