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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	_
	PICK-UP WAIT MAIL	
	(Business Entity Name)	-
	(Document Number)	_
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	Special Instructions to Filing Officer:	_
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7005 DEC 28 P 2: 2

perasser

COVER LETTER

TO:	Registration of Division of	n Section Corporations							
SUBJ	ECT:	Ambraco.							
			(Name of corp	oratio	n - must include su	iffix)			
Dear S	Sir or Madam	:							
"Certif		tence," and ch			Authorization to Tregister the above re				
Please	return all co	rrespondence o	oncerning this r	natter	to the following:				
	Dan	iel G. Do	dds						
			(Na	me of	Person)				
	Amb	raco, Inc	•						
			(Fir	m/Cor	npany)		,		
	P.0	. Box 506							
				(Addr	ess)			·	
	Dub	uque, Iow	a 52004-	-050	6				
	200	4440, 200			nd Zip code)				
For fur	rther informa	ition concernin	g this matter, pl	ease c	all:		SECRETARY ALLAHASSE	7005 DEC 28	
		Dodds	at (<u>563</u>) 583 3035		<u>"</u>	_T	Amen's A A S
	(Name of)	Person)	(4	Area (Code & Daytime To	elephone ì	Vumber STATE	2: 21	
	Registratio Division of Clifton Bui 2661 Exect	Corporations			Registrat Division P.O. Box	of Corpor	n ations		
Enclos	sed is a check	for the follow	ing amount:						
□ \$70	0.00 Filing F	ee \$78.7 Cert	75 Filing Fee & ificate of Status		\$78.75 Filing Fee Certified Copy	e& 🗇	\$87.50 Fil Certificate Certified	e of St	



December 12, 2005

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DANIEL G. DODDS AMBRACO, INC. P.O. BOX 506 DUBUQUE, IA 52004-0506

SUBJECT: AMBRACO, INC. Ref. Number: W05000054624

We have received your document for AMBRACO, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return 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) 245-6913.

Letter Number: 305A00071475

Diane Cushing Document Specialist

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.

l	Ambraco, Inc.						
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	` "COMPANY,"	' "CORPORATIO	ON,"		
			10.1				
(If name unavaila	able in Florida, enter alternate corporate n	ame	adopted for the p	urpose of transac	ting business in F	orida)	
-	Delaware	_ 3.					
(State or country	under the law of which it is incorporated)		· · ·	FEI number, if ar	oplicable)		
·	1983	5.	perpetu	al			
(Date	of incorporation)	_	(Duration: Year corp. will cease to exist or "perpetual")				
j.	January 2004						
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6				oility)		
_	9165 E Tamarack Dr		Dubuque,	Ia 52003	5-9314		
,	(Principal office	add	ress)				
	P.O. Box 605		Dubuque,	Ia 52004	L-0506		
	(Current mailing	g add		·	-		
	Import, storage and					_	
(Purpose(s) of corporation authorized in home state	or co	untry to be carrie	ed out in state of I	Florida 🗠		
. Name and stree	et address of Florida registered agent:	(P.C). Box <u>NOT</u> ac	cceptable)	2005 DEC SECRETA		
Name:	Corporation Service Compa	ny			28 ARY		
Office Address:	1201 Hays Street		 		E. E	M	
	Tallahassee		, Florida	32301	유적 %		
	(City)	-	,,	(Zip code)	**************************************		
A 70				-	_		
v. Kegistered ag	gent'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.

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: ____ Armondo Klabin Rio de Janeiro, Brazil Address: _____ Roberto Augusto Dutra Director: _ Rio de Janeiro, Brazil Address: _____ B. OFFICERS President: _ CEO Steven J. Dodds P.O. Box 506 Address: ______ Dubuque, Iowa 52004-0506 Vice President: Address: _____ Secretary: __ Address: _____ Treasurer: __CFO Daniel G. Dodds P.O. Box 506 Dubuque, Iowa 52004-0506 Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) DANIEL G. Dodds CFO

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBRACO, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2005.

FILED

2005 DEC 28 P 2: 21

SECRETARY OF STATE



Harriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4304182

DATE: 11-17-05

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