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(Re	equestor's Name)
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	ime)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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SECRÉTARY OF STATE

T-Momenton MAR - 6 2007

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Braz Transfers, Inc.	
	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," It to register the above referenced foreign corporation to
Please return all correspondence concerning this m	natter to the following:
Sostenes Souza	
(Nan	ne of Person)
Braz Transfers, Inc.	
(Fire	n/Company)
377 Somerville Ave	
(Address)
Somerville MA 02143	
(City/S	tate and Zip code)
For further information concerning this matter, ple	ase call:
Sostenes Souza at (6'	17) 785-2345
(Name of Person) (A	rea 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

1.	Braz Transfers				-	
		orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	None.				_	
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)		
2.	Massachusetts	.	3.	04-3746923	_	
	(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		
4.	03/20/2003		5.	Perpetual	_	
•••		of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6	04/01/2007					
٠.	04/01/2001			n Florida, if prior to registration)	-	
		(SEE SECTIONS 607.1501 & 60	7.15	502, F.S., to determine penalty liability)		
7.	377 Somerville	Ave/ Somerville/ MA/ 02143			_	
		(Principal office	add	ress)		
	377 Somerville	Ave/ Somerville/ MA/ 02143			_	
		(Current mailing	add	ress)		
8.	Money Transm	nitter.			_	
	(Purpose(s	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)		
9.	Name and stree	et address of Florida registered agent: ((P.C	Duntry to be carried out in state of Florida) SECRETARY O. Box NOT acceptable) AHASSI	Contract of	
	N 7	T. Harris O talle a Name a		HAR R	-	
	Name:	Tatiane Cristina Nunes		Lui-	ilmilias g	
o	ffice Address:	642 Siesta Key Cir # 2811		EF STA		
		Descripted Peach El		, Florida 33441	·	
		Deerfield Beach, FL (City)		, Florida 33441		
		•		,		
10	0. Registered a	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.

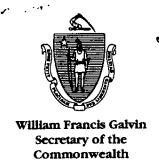
(Registered agent's signature)

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. DIRECT	CORS					
Chairman: Se	ostenes Souza					
Address: 1	10 Central Ave					
M	lalden, MA 02148.					
Vice Chairmar	n: Deneir Rosa			····		
Address:	14 Amelia Pl					
	Revere, MA 02151.					
Director: Sos	stenes Souza			 		
Address: 110	O Central Ave					
<u>Ma</u>	lden, MA 02148					
Director: Bru	ino DeOliveira					
Address: 21	Garden St					
Ma	lden, MA 02148	E SE	2007			
B. OFFICE	RS	CRET/	HAR			
President: So	stenes Souza	ARY SSE	ည	gasens 		
Address: 11	0 Central Ave	E PC	PH			
_Ma	alden, MA 02148	TATE ORID	1: 53			
Vice President	: <u>Deneir Rosa</u>]>- 				
Address: 14	Amelia PI					
Re	vere/MA/02151.					
Secretary: So	stenes Souza					
Address: 11	0 Central Ave/ Malden/ MA/02148.					
Treasurer: Bn	uno DeOliveira		······································			
Address: 21	Garden St/ Malden/ MA/ 02148.					
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.						
13.	(Signature of Director or Officer listed in number 12 of the application)					
14. Sostene	s Souza - President					

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



The Commonwealth of Massachusetts

Secretary of the Gommonwealth

State House, Boston, Massachusetts 02133

February 23, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

BRAZ TRANSFERS, INC.

is a domestic corporation organized on March 20, 2003, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

Ellian Travino Galicin

on the date first above written.

Processed By: NEM



Secretary of the Commonwealth