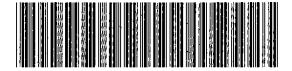
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE

6.5.0x

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: BEAZILIAN TRAINING SOLUTIONS, 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," 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:		
POBERT F. MAHONEY CPA		
(Name of Person)		
ROBERT F. MAHONEY, P.A.		
(Firm/Company)		
7777 GLADES RD, STE 209		
(Address)		
BOCA RATON, FL 33434 55 =		
(City/State and Zip code)		
For further information concerning this matter, please call:		
POSEET F. HAHONEY at (561) 451-9990		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 & \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, 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. BRAZILIAN TRAINING SOLUTIONS, INC.			
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			
me., co., corp. me, co, or corp.)			
(If name unavailable in Florida, enter alternate corporate name adopted for the pu	pose of transacting business in Florida)		
2. DELAWARE 3. 26-0	30806		
(State or country under the law of which it is incorporated) (F	EI number, if applicable)		
4. 8/14/07 5. PERPET			
(Date of incorporation) (Duration: Year	corp. will cease to exist or "perpetual")		
6. NA			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7. 5103 CORONADO RIDGE, BOCA RATON	, FL 33486		
(Principal office address)			
5103 CORONADO RIDGE, BOLA RATON	FL 33486		
(Current mailing address)			
8. ANY LAWFUL ACT OR ACTIVITY.			
(Purpose(s) of corporation authorized in home state or country to be carried	out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box NOT acce	eptable)		
TR.			
Office Address: 5103 CORONADO RIDGE			
BOCA RATON, Florida 33486			
(City)	Zip code) 55 D		
10. Registered agent's acceptance			
Having been named as registered agent and to accept service of process for designated in this application, I hereby accept the appointment as registered	the above stated corporation at the place lagent and agree to act in this capacity. I		
further agree to comply with the provisions of all statutes relative to the pro-	per and complete performance of my duties		
and I am familiar with and accept the obligations of my position as register	ed 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 cus	tody 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:	
Address:	
/ice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	ALL SECTION
	THE B
B. OFFICERS	SSEE -5
President: PAULO SERGID KROEFF	
Address: 5103 CORONADO RIDGE	ORIGINAL IN
BOCA RATON, FL 33486	
Georetary:ELEONORA ANNES	
Address: 5103 CORONADO RIDGE, BOCA RATON,	FL 33486
reasurer: ELEONDRA ANNES	
Address: 5103 CORONADU RIDGE, BOCA RATON, F	L 33486
NOTE: If necessary, you may attach an addendum to the application listing additional offic	ers and/or directors
	ers and/or directors.
3. (Signature of Director or Officer listed in number 12 of the application	n)
4. PAULO SERGIO KROEFF	
(Typed or printed name and capacity of person signing application)	

DEMWATE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAZILIAN TRAINING SOLUTIONS 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 AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAZILIAN TRAINING SOLUTIONS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE

4406796 8300 070932494



Variet Smith Windson AUTHENSTIDENTIA MADISON, 5802 AD Sp. 64 State

DATE: 08-17-07