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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 617-6381

From:

Ana M. Sanz
Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & PERRA
Account Number : I20070000136
Phone : (305) 779-3564
Fax Number : (305) 779-3561

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FOREIGN PROFIT/NONPROFIT CORPORATION

Soares Da Costa Concessions USA, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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December 16, 2010

FLORIDA DEPARTMENT OF STATE

AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Division of Corporations

SUBJECT: SOARES DA COSTA CONCESSIONS USA, INC.
REF: W10000058119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the *attached* Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000269282
Letter Number: 010A00029108

FAX AUDIT # H10000269282 3

COVER LETTER**TO:** New Filing Section
Division of Corporations**SUBJECT:** SOARES DA COSTA CONCESSIONS USA, 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:

Gabriel Caballero, Esq.

Name of Person

Avila Rodriguez Hernandez Mena & Ferri LLP

Firm/Company

2525 Ponce de Leon Boulevard, Suite 1225

Address

Coral Gables, Florida 33134

City/State and Zip code

gcaballero@arhmf.com

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

For further information concerning this matter, please call:

Gabriel Caballero, Esq.

Name of Person

at (305) 779-3560

Area 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 ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FAX AUDIT # H10000269282 3

FAX AUDIT # H10000269282 3

**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. **SOARES DA COSTA CONCESSIONS USA, INC.**

(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/19/2010 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 08/19/2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7270 NW 12 Street, Suite 860, Miami, Florida 33126
(Principal office address)

7270 NW 12 Street, Suite 860, Miami, Florida 33126
(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 acceptable)

Name: Interamerican Corporate Services, LLC

Office Address: 2525 Ponce de Leon Boulevard, Suite 1225

Coral Gables, Florida 33134
(City) (Zip code)

10. **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)

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.

FAX AUDIT # H10000269282 3

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

A. DIRECTORSChairman: Antonio Castro HenriquesAddress: 7270 NW 12 Street, Suite 860Miami, Florida 33126

Vice Chairman: _____

Address: _____

Director: Carlos Vidal FerreiraAddress: 7270 NW 12 Street, Suite 860Miami, Florida 33126Director: Antonio Miranda EstevesAddress: 7270 NW 12 Street, Suite 860Miami, Florida 33126**B. OFFICERS**President: Antonio Miranda EstevesAddress: 7270 NW 12 Street, Suite 860Miami, Florida 33126Vice President: Andre Vilas BoasAddress: 7270 NW 12 Street, Suite 860Miami, Florida 33126Secretary: Andre Vilas BoasAddress: 7270 NW 12 Street, Suite 860, Miami, Florida 33126Treasurer: Antonio Miranda EstevesAddress: 7270 NW 12 Street, Suite 860, Miami, Florida 33126

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. _____

Antonio Miranda Esteves, Director & CEO

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

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOARES DA COSTA CONCESSIONS USA, 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 TENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOARES DA COSTA CONCESSIONS USA, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF AUGUST, A.D. 2010.

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

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8416260

DATE: 12-10-10