

F12000003923

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
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FOREIGN PROFIT/NONPROFIT CORPORATION

Albanpar Participacoes Ltda, Corp.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

Handwritten signature and date: 9/25

Attn: Gretchen
(850) 245-6030

URGENT.



September 25, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: ALBANPAR PARTICIPACOES LTDA.
REF: W12000049204

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The corporation name contains symbols or special characters not recognized on the English keyboard. Please remove the special character wherever they appear in your document.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000232555
Letter Number: 412A00023878

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Claretha,
Can we pls keep the original submission date and if at all can we pls have filed today?

Thank you so much!

Kristine

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. Albanpar Participacoes Ltda., Corp.
(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. Brazil 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/16/2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2750 N.E. 183rd St., Unit 1511 Aventura, FL 33160
(Principal office address)

2750 N.E. 183rd St., Unit 1511 Aventura, FL 33160
(Current mailing address)

8. Real Estate Holding
(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: Corporate Maintenance Services, LLC

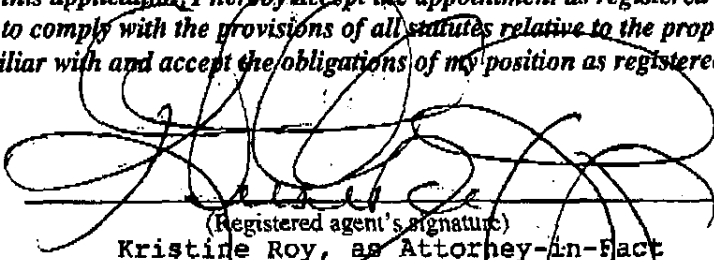
Office Address: c/o 1000 Brickell Ave., Ste. 215

Miami, Florida 33131
(City) (Zip code)

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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)
Kristine Roy, as Attorney-in-Fact

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: Carlos Jose Alban

Address: 2750 N.E. 183rd St., Unit 1511
Aventura, FL 33160

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: Carlos Jose Alban

Address: 2750 N.E. 183rd St., Unit 1511
Aventura, FL 33160

Vice President: N/A

Address: _____

Secretary: Carlos Jose Alban

Address: 2750 N.E. 183rd St., Unit 1511 Aventura, FL 33160

Treasurer: N/A

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Kristine Roy, as Attorney-in-Fact

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

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TALLAHASSEE, FLORIDA

CERTIFICATE OF TRANSLATION

I, Regina Cardoso da Silva, a professional translator certified by the American Translators Association, member # 215413, hereby attest that I have translated the following document:


JOINT CLEARANCE CERTIFICATE - ALBANPAR PARTICIPAÇÕES LTDA.

from Portuguese to English, to the best of my knowledge and ability.

Sincerely,



Regina Cardoso da Silva


Maria Darlyng Molina
COMMISSION # 00901736
EXPIRES: JUN. 23, 2018
WWW.AARONNOTARY.COM
09/20/2012

MINISTRY OF FINANCE
National Revenue Administration General Attorney's Office
Federal Revenue Secretariat of Brazil

JOINT CLEARANCE CERTIFICATE
OF DEBTS RELATED TO FEDERAL TAXES AND DEBTS ENROLLED ON THE ACTIONABLE
FEDERAL DEBT LIST

Name: ALBANAPER PARTICIPAÇÕES LTDA.
CNPJ: 08.443.030/0001-84

Reservation made for the right of the National Revenue Administration to charge and enroll as delinquent any debts under the responsibility of the above company that may be ascertained, it is hereby certified that no pending debts exist related to taxes administered by the Federal Revenue Secretariat of Brazil (RFB) and debts enrolled on the Actionable Federal Debt List by the National Revenue Administration General Attorney's Office (PGFN).

This certificate, issued in name of the parent establishment and valid for all its branch establishments, refers exclusively to the situation of the company under the ambit of the RFB and PGFN, not covering social security contributions and contributions owed by law to third parties, including those enrolled on the List of Actionable Debts of the National Social Security Institute (INSS), which are covered by a specific certificate.

The acceptance of this certificate is conditional on the purpose for which it has been issued and the verification of its authenticity over the Internet, at the address, at the addresses <<http://www.receita.fazenda.gov.br>> or <<http://www.pgfn.fazenda.gov.br>>.

Certificate issued based on PGFN/RFB Joint Edict 3 of May 2, 2007.
Issued at 17:22:08 on May 23, 2012 < Brasilia time and date>.
Valid until March 12, 2013.
Control code of the certificate: 8648.7E3E.3398

Certificate issued at no charge.

Attention: Any erasure or amendment shall invalidate this document.