

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
IBOPE INTELIGENCIA CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

I. Burch MAR 12 2013

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**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. IBOPE Inteligencia 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. Delaware

(State or country under the law of which it is incorporated)

3. 30-0673233

(FBI number, if applicable)

4. September 24, 2009

(Date of incorporation)

5. Perpetual

(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. 6303 Blue Lagoon Drive, Suite 400, Miami, Florida 33126

(Principal office address)

6303 Blue Lagoon Drive, Suite 400, Miami, Florida 33126

(Current mailing address)

8. All lawful business

(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: **NRAI Services, Inc.**

Office Address: **1200 South Pine Island Rd.**

Plantation

(City)

Florida 33324

(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)
Michele Holden, Assistant Secretary

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.

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13 MAR 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Fernando Silva de Oliveira ✓Address: Alameda Santos, 2101Cerqueira Cesar, Sao Paulo, Sao Paulo 01419-100 BrazilDirector: Marcia Cavallari Nunes ✓Address: Alameda Santos, 2101Cerqueira Cesar, Sao Paulo, Sao Paulo 01419-100 Brazil

B. OFFICERS

President: Fernando Silva de Oliveira ✓Address: Alameda Santos, 2101Cerqueira Cesar, Sao Paulo, Sao Paulo 01419-100 BrazilVice President: Marcia Cavallari Nunes ✓Address: Alameda Santos, 2101Cerqueira Cesar, Sao Paulo, Sao Paulo 01419-100 BrazilSecretary: Marcia Cavallari Nunes ✓Address: Alameda Santos, 2101, Cerqueira Cesar, Sao Paulo, Sao Paulo 01419-100 BrazilTreasurer: Fernando Silva de Oliveira ✓Address: Alameda Santos, 2101, Cerqueira Cesar, Sao Paulo, Sao Paulo 01419-100 Brazil

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

13. X Marcia Cavallari Nunes ✓

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. Marcia Cavallari Nunes, Vice-President

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IBOPE INTELIGENCIA CORP." 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IBOPE INTELIGENCIA CORP." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
13 MAR 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0248783

DATE: 02-28-13

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