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(Re	equestor's Name)						
(Address)							
(Ad	dress)						
(Cit	ty/State/Zip/Phone	· #)					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
- -							

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpora							
SUBJ	ECT: TIMBRO US.							
Name of corporation - must include suffix								
Dear S	ir or Madam:			•				
"Certif	icate of Existence,"		Stand	Authorization to Transac fing" and check are sub s in Florida.				
Please return all correspondence concerning this matter to the following:								
MICHE	EL DE AMORIM						<u> </u>	
		Nam	e of P	erson		Y	<u> </u>	
DRUM	MOND CPA LLC					1 July	۾ي	
		Firm	Comp	pany		ام سدگذر . موانع موانع ادر	بي 🦳	
601 BR	ICKELL KEY DRIVI	E, SUITE 901				,, "		
		7	Addre	SS				
MIAM	I, FL 33131							
		City/St	ate an	d Zip code				
МАМС	DRIM@DRUMMOND	ADVISORS.COM						
		E-mail address: (to be u	ised fo	or future annual report r	otification)			
For further information concerning this matter, please call:								
MICHEL DE AMORIM at (781) 770-0005								
,	Name of Person		Code	Daytime Telepl	none Number			
Enclos	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Control Tallahassee, FL 32 and is a check for the	n ations nter Circle 301		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations			
= \$70	0.00 Filing Fee 🛘 🗖	\$78.75 Filing Fcc & Certificate of Status	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Fi Certifica Certified	te of Stat		

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.

L. TIMBRO US			11.5 Mar. vv. 11.45 in Annual Annual Annual Annual Annual International Annual Spring of Conference of the	popularit memperatus, synchologica, services, services				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.,", "Inc.," "Co.," or "Corp.")							
nica coa	coup, inc, co, or co	ир. 7						
(If name unava	ilable in Florida, enter alte	mate corporate name	adopted for the purpose of transacting husine	ss in Florida)				
2. DELAWARE		3.	47-3759559					
(State or coun	try under the law of which	it is incorporated)	(FEI number, if applicable)	ANNA MENORMAN VIA TOTOGOGIA MONTA POR FORMANDA				
(Da	te of incorporation)		(Date of duration, if other than perp	octual)				
6								
	(Date first	transacted business in	Florida, if prior to registration)					
	(SEE SECTION	18 607.1301 & 607.13	02, F.S., to determine penalty liability)	一つ お				
7,433 Plaza Real,	Suite 275, Room 41 - Boca							
		(Princip	al office address)	**				
	· · · · · · · · · · · · · · · · · · ·	(Charant mailin	g address, if different)					
		(Current mann	g address, it different)	n de la companya de La companya de la co				
X Name and stre	at addrage of Morida rec	nistared amout: (D.O	. Box NOT acceptable)					
or remove date sair	er address of Profita Te	patered agent. (1.0	. Dox <u>1401 acceptable</u>)	ې				
Name:	Drummond CPA LLC							
Office Address:	601 Brickell Key Drive	, Suite 901						
	Miami (Ci		, Florida Florida (Zip code)					
	(0)	•97	(Elp code)					
	ent's acceptance:			al a att t				
rsaving oven nan designated in this	iea us registerea agent a capplication, I hereby a	ina to accept service coeff the appointment	e of process for the above stated corpora ent as registered agent and agree to act i	nion at the place in this capacity. I				
further agree to c	omply with the provisio	ns of all statutes re	lative to the proper and complete perfori					
duties, and I am)	amiliar with and accept	t the obligations of	my position as registered agent.					
	,							
	5/1/1							
160		(Registered ag	ent's signature)					

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: JORGE JOSE RIBEIRO COUTINHO GUINLE Address: PRAÇA PEREIRA COUTINHO 51, APT 161, VILA NOVA CONCEICAO SAO PAULO - SP, BRAZIL 04510-010 Director: BRUNO COLONNA ROMANO RUSSO Address: RUA DOUTOR FADLO HAIDAR 31, APT 81 EDIFICIO SOLE, VILA OLIMPIA SAO PAULO - SP, BRAZIL 04545-050 B. OFFICERS President: JORGE JOSE RIBEIRO COUTINHO GUINLE Address: PRACA PEREIRA COUTINHO 51, APT 161, VILA NOVA CONCEICAO SAO PAULO - SP. BRAZIL 04510-010 Vice President: Address: Secretary: JORGE JOSE RIBEIRO COUTINHO GUINLE Address: PRACA PEREIRA COUTINHO 51, APT 161, VILA NOVA CONCEICAO, SAO PAULO-SP, BRAZIL 04510-010 Treasurer: JORGE JOSE RIBEIRO COUTINHO GUINLE Address: PRACA PEREIRA COUTINHO 51, APT 161, VILA NOVA CONCEICAO, SAO PAULO-SP, BRAZIL 04510-010 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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 J.F.S.

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

Delaware

The First State

Page 1

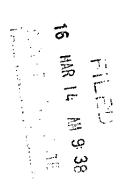
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TIMBRO USA CO." 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 SECOND DAY OF FEBRUARY, A.D. 2016.



Authentication: 201768013

Date: 02-02-16

5732167 8300

SR# 20160541600

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