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COVER LETTER

	ition Section of Corpo					
ľ	TACEL US					
SUBJECT: _		Name of	corporation	- must	include suffix	
Dear Sir or Mac	lam:					
"Certificate of E	Existence,"		of Good Star	iding" a	and check are submi	Business in Florida," tted to register the
		dence concernin	_	to the	following:	
			Name of	Person		
ITACEL USA, I	NC.					
			Firm/Con	ipany		
1515 S FEDERA	L HWY, S	ΓΕ 204 				
BOCA RATON,	FLORIDA	33432	Addr	ess		
			City/State a	nd Zip	code	
REHANNA@BI	_ANVER.C		/to he used	Con Cost	ire annual report no	ification)
			`		ire annuai report no	(incation)
For further info	rmation co	oncerning this ma	itter, please	call:		
		561 at (416-5513			
Name	of Person		Area Cod	, le	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a c	heck for th	e following amo	unt:			
□ \$70.00 Filir	ig Fee	□ \$78.75 Filing Certificate o			75 Filing Fee & ified Copy	■ \$87.50 Filing Fee, Certificate of Status & 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. ITACEL USA, INC. 1. (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) **DELAWARE** (FEI number, if applicable) 2. (State or country under the law of which it is incorporated) NOVEMBER 2, 2016 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1515 S FEDERAL HWY, STE 204 BOCA RATON, FLORIDA 33432 (Principal office address) SAME (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) SCOTT GEARY Name: 1515 S FEDERAL HWY, STE 204 Office Address: **BOCA RATON** _____, Florida _____

9. 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)

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:	$P^{(i)}_{i}$
A. DIRECTORS	2017 MAR 14 PM 3.
Chairman:	MAR 14 Du
Address:	TALLORD THE SE
	TALLAHASSEE PERING
Vice Chairman:	' T T _{jt}
Address:	
Director:	
Address:	
BOCA RATON, FLORIDA 33432	
Director:	
Address:	
B. OFFICERS	
SERGIO JOSE FRANGIONI President:	
RUA DR. MARIO AUGUSTO PEREIRA, NO 91 CEP 06767-330-Address:	
TABOAO DA SERRA SP BRAZIL	
Vice President:	
Address:	
RICARDO GRIZZO Secretary:	
RUA DR. JOSE ALEXANDRE CROSGNAC, 715 - CEP 06680-035, ITAPEVI, SP BRA	ZIL
RICARDO GRIZZO Treasurer:	
RUA DR. JOSE ALEXANDRE CROSGNAC, 715 - CEP 06680-035, ITAPEVI, SP BRA	AZIL
Address:	Same and/andianatons
NOTE: If necessary, you may attach an addendum to the application listing additional off	icers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the D a third degree felony as provided for in s.817.155, F.S.	
13. COTT GEARY - DIRECTOR (Typed or printed name and capacity of person signing application)	
Calling at Lineau and anhand at Margan at Margan at Margan	,

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ITACEL 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 NINTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ITACEL USA, INC." WAS INCORPORATED ON THE SECOND DAY OF NOVEMBER, A.D. 2016.

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Authentication: 202172733

Date: 03-09-17

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SR# 20171688860

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