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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)	_		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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THE NOV 21 AN INC. 20

M. MILLIGAN NOV 22 2017:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 922772 4338768 AUTHORIZATION : COST LIMIT ORDER DATE: November 20, 2017 ORDER TIME : 3:23 PM ORDER NO. : 922772-020 CUSTOMER NO: 4338768 FOREIGN FILINGS NAME: MOSYLE CORPORATION XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XXX CERTIFIED COPY PLAIN STAMPED COPY XXX CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: MOSYLE CORPORATION Name of corporat	ion - must include suffix	_
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation to "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	standing" and check are submitted to register the	
Please return all correspondence concerning this ma	tter to the following:	
U. Ariza		
Name	of Person	
K&L Gates		
Firm/C	ompany	
200 South Biscayne Blvd. #3900		
Ad	ldress	
Miami, Florida 33131		
City/Stat	e and Zip code	
ursula.ariza@klgates.com		_
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
U. Ariza at (305	539-3395	
Name of Person Area C	Code Daytime Telephone 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 check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Sertified Copy Certified Copy 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.

·	RPORATION			
	orporation; must include "INCORPORATED,' orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
me., co., c	orp. The, Co. or Corp.)			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)	
Delaware	3.			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	(FEI number, if applicable)	
11/20/2017	5			
(Date of incorporation) 5.		(Date of duration, if other than per	(Date of duration, if other than perpetual)	
11/20/2017				
		n Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1:	502, F.S., to determine penalty liability)		
315 E. ROBIN	ISON STREET, SUITE 170, ORLANDO, FL	32801		
	(Princip	oal office address)		
	(Current mailir	ng address, if different)		
			**	
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	8	
Name:	Corporation Service Company		F NOV 21	
ivanic.	1201 Havs Street			
fice Address:	12vi maya Succi		₹	
	Tallahassee	32301 , Florida	ب 2	
	(City)	(Zip code)	4	

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.

Corporation Service Company

By:

(Registered agent's signature)

Roxanne Turner

Asst. Vice President

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 TEST
A. DIRECTORS	To the
Thairman:	
Address:	
ice Chairman:	
ddress:	
Director: ALCYR MENNA BARRETO DE ARAUJO NETTO	
address: 315 E. ROBINSON STREET, SUITE 170	
ORLANDO, FL 32801	
Director:	
Address:	
B. OFFICERS	
resident: ALCYR MENNA BARRETO DE ARAUJO NETTO	
Address: 315 E. ROBINSON STREET, SUITE 170	
ORLANDO, FL 32801	
lice President:	
Address:	
ecretary:	
Address:	
Address:	
Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listin	

9, 4

a third degree felony as provided for in s.817.155, F.S.

13. ALCYR MENNA BARRETO DE ARAUJO NETTO, Chief Executive Officer



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

DELAWARE, DO HEREBY CERTIFY "MOSYLE CORPORATION" 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-FIRST DAY OF NOVEMBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOSYLE CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203609291

Date: 11-21-17