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JUN 19 2018

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CESALON CENTRO DE SERVS EM ACOS LONGOS LTDA INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALEXANDER HACHE JR
Name of Person

HACHE FINANCIAL SOLUTIONS LLC
Firm/Company

2645 EXECUTIVE PARK DRIVE, SUITE 118
Address

WESTON, FL 33331
City/State and Zip code

ALEX@HACHEFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ALEXANDER HACHE JR at (954) 701-0824
Name of Person — Area 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 & Certified 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.

1. CESALON CENTRO DE SERVS EM ACOS LONGOS LTDA INC
(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
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 06/01/2016
(Date of incorporation)

5. _____
(Date of duration, if other than 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. RUA JOAO GOULART, 1180, SAO JOSE, CANOAS, RIO GRANDE DO SUL (RS), BRAZIL
(Principal office address)

SAME
(Current mailing address, if different)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HACHE FINANCIAL SOLUTIONS LLC

Office Address: 2645 EXECUTIVE PARK DRIVE, SUITE 118

WESTON (City), Florida 33331 (Zip code)

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:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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B. OFFICERS

President: CLEBSEN DUTRA PEREIRA

Address: RUA CANANEIA 255, 614-B

PORTO ALEGRE, RIO GRANDE DO SUL, BRAZIL 91330-580

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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, F.S.

13. CLEBSEN DUTRA PEREIRA (PRESIDENT)

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

SELECTIVE TRANSLATION OF A CERTIFICATE OF EXISTENCE

Date of Registration: 06/01/2016

Place of Registration: Sao Jose, Canoas, Rio Grande do Sul, Brazil

Registration #: 0012046483

Company Name: Cesalon Centro De Servs Em Acos Longos Ltda Inc

Certificate of Existence & Solvency Issue Date: 05/23/2018

Issued By: Brazil – Secretary of State

Other Data: Certificate stating the existence, good standing, and solvency of the company in Brazil.

Certificate # of Authentication: 0021554919

Certificate is Valid until: 7/21/2018

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Type of Document: Original

Language of Document: Portugese

Date of Translation: 05/25/2018

This is a correct translation of the key particulars of the attached document. It does not establish the authenticity or originality of the document or the correctness of the statement therein.

Arlenis Lopez
6/13/18

NOTARY PUBLIC STATE OF FLORIDA

ARLENIS LOPEZ
MY COMMISSION # FF 969731
EXPIRES: March 9, 2020
Bonded Thru Budget Notary Services

ESTADO DO RIO GRANDE DO SUL
SECRETARIA DA FAZENDA
RECEITA ESTADUAL

Certidão de Situação Fiscal nº **0012046483**

Identificação do titular da certidão:

Nome: **CESALON CENTRO DE SERVS EM ACOS LONGOS LTDA**

Endereço: **RUA JOAO GOULART, 1180**
SAO JOSE, CANOAS - RS

CNPJ: **24.394.869/0001-26**

Certificamos que, aos **23** dias do mês de **MAIO** do ano de **2018**, revendo os bancos de dados da Secretaria da Fazenda, o titular acima enquadra-se na seguinte situação:
CERTIDAO POSITIVA COM EFEITOS DE NEGATIVA, NOS TERMOS DO ARTIGO 206 DO CTN

Descrição dos Débitos/Pendências:

Possui 9 Debito(s) AUL/DAT:
9 Adm Parcelado

Data em que a companhia foi aberta ou começou a funcionar: **01 JUN 2016**

Esta certidão NÃO É VÁLIDA para comprovar;
a) a quitação de tributos devidos mensalmente e declarados na Declaração Anual de Simples Nacional (DASN) e no Programa Gerador do Documento de Arrecadação do Simples Nacional (PGDAS-D) pelos contribuintes optantes pelo Simples Nacional;
b) em procedimento judicial e extrajudicial de inventário,de arrolamento, de separação, de divórcio e de dissolução de unisão estável, a quitação de ITCD, Taxa Judiciária e ITBI, nas hipóteses em que este imposto seja de competência estadual (Lei nº 7.608/81).
No caso de doação, a Certidão de Quitação do ITCD deve acompanhar a Certidão de Situação Fiscal.

Esta certidão constitui-se em meio de prova de existência ou não, em nome do interessado, de débitos ou pendências relacionados na Instrução Normativa nº 45/98, Título IV, Capítulo V, 1.1.

A presente certidão não elide o direito de a Fazenda do Estado do Rio Grande do Sul proceder a posteriores verificações e vir a cobrar, a qualquer tempo, crédito que seja assim apurado.

Esta certidão é válida até 21/7/2018.

Certidão expedida gratuitamente e com base na IN/DRP nº 45/98,Título IV, Capítulo V.

Autenticação: **0021554919**
A autenticidade deste documento deverá ser confirmada em **https://www.sefaz.rs.gov.br** .