

F18000004245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

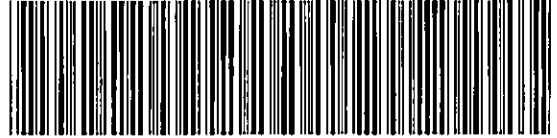
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/18--01002--006 **78.75

RECEIVED
DEPARTMENT OF STATE
18 SEP 13 AM 11:25
FILED
SEP 13 AM 8:16
TALLAHASSEE, FLORIDA

O SIMMONS
SEP 14 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/13/2018

****WALK IN****

ENTITY NAME EVERYMIND OF AMERICA, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

CHECK # 5242

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. Everymind of America, 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. Delaware 3. Applied For
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/23/2018 5.
(Date of incorporation) (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. 111 North Orange Avenue, Suite 800, Orlando, FL 32801
(Principal office address)

(Current mailing address, if different)

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

Name: Gustavo Rodrigues

Office Address: 111 North Orange Avenue, Suite 800

Orlando, Florida 32801
(City) (Zip code)

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16 SEP 13 AM 8:16

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: Gabriel Tannuri Spina
111 North Orange Avenue, Suite 800
Address: Orlando, FL 32801

Vice Chairman: E. Jusiel Da Silva Tunu
111 North Orange Avenue, Suite 800
Address: Orlando, FL 32801

Director: _____
Address: _____

Director: _____
Address: _____

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TALLAHASSEE, FL

B. OFFICERS

President: Gabriel Tannuri Spina
111 North Orange Avenue, Suite 800
Address: Orlando, FL 32801

Vice President: _____
Address: _____

Secretary: E. Jusiel Da Silva Tunu
111 North Orange Avenue, Suite 800, Orlando, FL 32801
Address: _____

Treasurer: Aparecido Raimundo De Lima
111 North Orange Avenue, Suite 800, Orlando, FL 32801
Address: _____

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

12. *Aparecido Raimundo De Lima*
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. Aparecido Raimundo De Lima, Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERYMIND OF AMERICA, 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERYMIND OF AMERICA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

7027948 8300

SR# 20186342321

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

Authentication: 203307369

Date: 08-24-18