

FIB000005457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. SAFRA ASSET MANAGEMENT CORPORATION

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:

TRAVIS OTTEN

Name of Person

J. SAFRA ASSET MANAGEMENT CORPORATION

Firm/Company

546 5th Ave. 2nd Floor

Address

New York, NY 10036

City/State and Zip code

TRAVIS.OTTEN@SAFRA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAVIS OTTEN

212

704-9283

at ()

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.*

J. SAFRA ASSET MANAGEMENT CORPORATION

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)

2. DELAWARE 3. 20-0904999
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 16, 2004 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. 546 5th Ave, 2nd Floor, New York, NY 10036
(Principal office address)

(Current mailing address, if different)

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

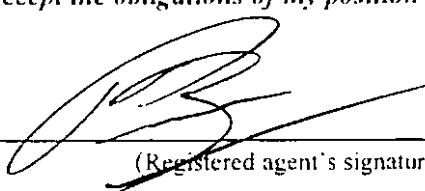
Name: PAIACK BARROS

Office Address: 3050 AVENTURA BLVD

AVENTURA, Florida 33180
(City) (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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Simoni Morato
546 5th Ave, 2nd Floor
Address: New York, NY 10036

Vice Chairman: Mark Grunwald
546 5th Ave, 2nd Floor
Address: New York, NY 10036

Director: Peter Javier
546 5th Ave, 2nd Floor
Address: New York, NY 10036

Director: Carlos Bertaco
546 5th Ave, 2nd Floor
Address: New York, NY 10036

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: Travis Otten
546 5th Ave, 2nd Floor, New York, NY 10036
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. Carlos Bertaco, Director
(Typed or printed name and capacity of person signing application)

Delaware

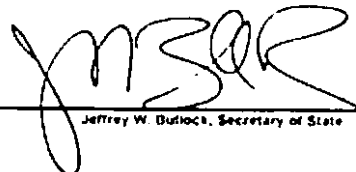
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "J. SAFRA ASSET MANAGEMENT CORPORATION"
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER,
A.D. 2018.

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Jeffrey W. Bullock, Secretary of State

3776372 8300

SR# 20187133719

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

Authentication: 203612582

Date: 10-15-18