

F19000001429

(Requestor's Name)

(Address)

(Address)

W19-5706

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

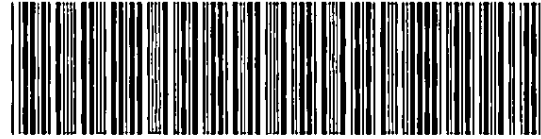
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

N/A

Office Use Only



500322532595

Non-Profit

01/09/19--01/07--007 \*\*78.75

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19 MAR 15 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR 25 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2019

CRISTIANO BERNARDE  
EXPEDICIONARIOS DA SAUDE, INC.  
6106 PARADISE POINT DRIVE  
PALMETTO BAY, FL 33157

SUBJECT: EXPEDICIONARIOS DA SAUDE, INC.  
Ref. Number: W19000005706

We have received your document for EXPEDICIONARIOS DA SAUDE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 619A00001268

RECEIVED  
MAR 15 2019

March 8<sup>th</sup>, 2019

To  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Nanette Causseaux  
Regulatory Specialist II Supervisor

Subject: EXPEDICIONARIOS DA SAUDE, INC.  
Your REF # W19000005706  
Your Letter # 619A00001268

Dear Ms. Causseaux,

In response to your letter from January 16, subject and letter above in reference, please find enclosed copy of the following documents requested:

1. Certificate of Existence issued by North Carolina Department of Secretary State; and
2. Articles of Incorporation filed in the State of North Carolina.

Please let me know if any clarification or additional information is needed.

Thank you for your services.

Sincerely,

Cristiano Bernarde

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Expedicionarios Da Saude, inc.  
\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Cristiano Bernarde

\_\_\_\_\_  
Name of Person

Expedicionarios Da Saude, inc.

\_\_\_\_\_  
Firm/Company

6106 Paradise Point Dr.

\_\_\_\_\_  
Address

Palmetto Bay, FL 33157

\_\_\_\_\_  
City/State and Zip Code

Cristiano.Bernarde@gmail.com

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

For further information concerning this matter, please call:

Cristiano Bernarde

at ( 786 )

296-3131

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Expedicionarios Da Saude, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nortyh Carolina 3. 47-1861209  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/10/2014 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6106 Paradise Point Dr, Palmetto Bay, FL 33157  
(Principal office address)

6106 Paradise Point Dr, Palmetto Bay, FL 33157  
(Current mailing address, if different)

8. To deliver specialized, high quality medical care to isolated indigenous populations of the Amazon basin.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Cristiano Bernarde

Office Address: 6106 Paradise Point Dr.

Palmetto Bay, Florida 33157  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

**10. 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)

11. 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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Fabio Costa

Address: 6106 Paradise Point Dr, Palmetto Bay, FL 33157

Director: N/A

Address: \_\_\_\_\_

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SECRETARY OF STATE

**B. OFFICERS**

President: Ricardo Ferreira

Address: 6106 Paradise Point Dr, Palmetto Bay, FL 33157

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Cristiano Bernarde

Address: 6106 Paradise Point Dr, Palmetto Bay, FL 33157

Treasurer: N/A

Address: \_\_\_\_\_

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

13. Ricardo Ferreira Cristiano Bernarde  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cristiano Bernarde  
(Typed or printed name and capacity of person signing application)



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **EXPEDICIONARIOS DA SAUDE, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of November, 2014, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of February, 2019.

*Elaine F. Marshall*

Secretary of State