

To: 3/27/2019

2019-03-27 13:18:42 CST

12122023573 From: Kimberly Laughrey

F19000001500

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000102400 3)))



H190001024003ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

FILED  
19 MAR 27 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Forest View International Corp.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

# 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. Forest View International Corp.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Anguilla 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 6, 2007 5. Perpetual  
(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. Victoria House, P.O. Box 58, The Valley, Anguilla  
(Principal office address)  
16051 Collins Avenue, Unit 3103, Sunny Isles, Florida 33160  
(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

James M. Halpin

James M. Halpin  
Assistant Secretary

(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.

FILED  
19 MAR 27 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
19 MAR 27 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: JOSE RAFAEL GUAGLIARDIAddress: RUA SERRA 106 - BLOC 1 APT 181 B  
SÃO PAULO SP 01455-040 BRAZIL

Director: \_\_\_\_\_

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

## B. OFFICERS

President: JOSE RAFAEL GUAGLIARDIAddress: RUA SERRA 106 - BLOC 1 APT 181 B  
SÃO PAULO SP 01455-040 BRAZIL

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

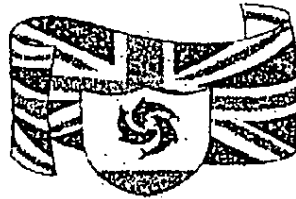
12. \_\_\_\_\_

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. 917.155, F.S.

13. JOSE RAFAEL GUAGLIARDI President

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



# ANGUILLA

INTERNATIONAL BUSINESS COMPANIES ACT, 2000

(Section 127)

## CERTIFICATE OF GOOD STANDING

Company Number 2108914

I hereby certify that the company

**FOREST VIEW INTERNATIONAL CORP.**

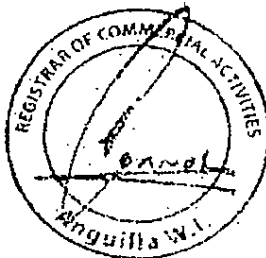
is in good standing having paid all fees due and payable.

I further certify that:

The company has not submitted to the Registrar articles of merger, consolidation or arrangement that have not yet become effective.

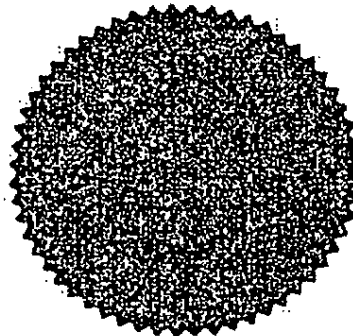
The company is not in the process of being wound up and dissolved.

No proceedings to strike the name of the company off the register have been instituted



Registrar of Companies

Dated this 25th day of March 2019



19 MAR 27 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED