(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1+3+00000000000000000000000000000000000





100340095881

100340095881 01/31/20--01024--011 **87.50

T GLASS

FEB 0 4 2020



INTEROFFICE COMMUNICATION

DATE:

1/31/2020

TO:

-Ma Dinne Cushing, Department of State

Division of Corporations

FROM:

Jason M. Guevara, Financial Administrator, Division of Financial Institutions

RE:

Authorization - Foreign Corporation to transact in Florida - Itaú Unibanco

S.A.

Please file the attached articles for the above-reference entity; effective February 3, 2020.

Please make the following distribution of copies:

(1) One certified copy to:

Jason Guevara

Office of Financial Regulation

Licensing & Chartering 200 East Gaines Street Tallahassee, FL 32399

(2) One certified copy to:

Tim Byrne

Shearman & Sterling LLP 599 Lexington Avenue New York, NY 10022-6069

D +1.212.848.7476 | F +1.646.848.7476

Also attached is a check that represents payment of the filing fees and certified copies. If you have any questions, please call (850) 410-9513.

MG

2020 J. 1:31 / 1:10:2

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Itaú Unibanco S.A.				
Sobset.	Name of corporation	- must include suffix	•	
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Stan	iding" and check are subm		
Please return all correspondence	concerning this matter	r to the following:		
Erico Nunes Narchi				
	Name of	Person		
Itaú Unibanco S.A.				
	Firm/Con	ıpany		
200 South Biscayne Boulevard, 22n	d floor			
Address				
Miami, Fl., 33131				
City/State and Zip code				
Erico.Narchi@itau.us				<u>い</u> .
E-mai	l address: (to be used)	for future annual report no	tification)	21 21 E
For further information concerning	ng this matter, please o	call:		 3
Tim Byrne	Person Area Code Daytime Telephone Number			25
Name of Person	Area Cod	e Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	RIDA DEPARTMENT	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cor	f Status &

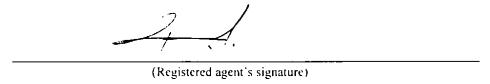
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Itaú Unibanco S			
	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting bi	usiness in Florida
Brazil	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applic	able)
August 22, 1944	5.		
(Date of incorporation)		(Date of duration, if other than	perpetual)
Praca Alfredo Fo	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) ydio de Souza Aranha, 100, Torre Olavo Setuba	02, F.S., to determine penalty liability)	rasil CEP 04344-
Traça ranedo 15g		re <u>street</u> address)	
	(Current mailing	g address, if different)	2020
Name and stree	<u>et address</u> of Florida registered agent: (P.O Richard Pagnotta, Miami Branch, Itaú Uniba	•	5 23
ffice Address:	200 South Biscayne Boulevard, 22nd floor	<u> </u>	
	Miami	, Florida	
	(City)	(Zip code)	٥.

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.



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.

A. DIRECTORS See attached list of Directors ☐ Chairman □ Chairman Name: Name: _____ and Officers □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □ President ☐ Vice President ☐ Vice President □ Secretary □ Treasurer ☐ Secretary ☐ Treasurer □Other ____ □ Other Other _____ □Other _____ ☐ Chairman ☐ Chairman Name: Name: Address: _____ ☐ Vice Chairman ☐ Vice Chairman Address: ______ □ Director □ Director President □ President □Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other □Other □Other_____ □Other ☐ Chairman □Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □Director □ President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □ Other _____ □Other _____ □Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

, Richard Pagnotta, General Manager of Miami Branch, Itaú Unibanco S.A.

2077 1 31 1 110: 25

OF ITAU UNIBANCO S.A.

DIRECTORS:

Director General - Caio Ibrahim David 200 South Biscayne Boulevard, 22nd floor Miami, FL, 33131

Director - Marcio de Andrade Schettini 200 South Biscayne Boulevard, 22nd floor Miami, FL, 33131

OFFICERS:

Executive Vice President - Andre Sapoznik 200 South Biscayne Boulevard. 22nd floor Miami, FL, 33131

Vice President - Claudia Politanski 200 South Biscayne Boulevard, 22nd floor Miami, FL, 33131

Vice President - Milton Maluhy Filho 200 South Biscayne Boulevard, 22nd floor Miami, FL, 33131

General Manager - Richard Pagnotta 200 South Biscayne Boulevard, 22nd floor Miami, FL, 33131

Head of Legal - Erico Nunes Narchi 200 South Biscayne Boulevard, 22nd floor Miami, FL, 33131



CERTIDÃO

Certifica-se que, nesta data, o (a) l'TAÚ UNIBANCO S.A. (CNPJ 60.701.190/0001-04) encontrase autorizado por esta Autarquia:

a. a funcionar como banco múltiplo;

b. a operar com a(s) carteira(s):

- Carteira Comercial
- Carteira de Crédito Financ, e Investimento
- Carteira de Crédito Imobiliário
- · Carteira de Investimento
- · Carteira de Arrendamento Mercantil

c. a realizar operações de:

- Mercado de Câmbio
- Crédito Rural
- 2. Certifica-se, ainda, que, quando da emissão desta certidão, constava em nossos cadastros que a instituição não se encontrava submetida a regime de administração especial temporária, de intervenção ou de liquidação extrajudicial por parte deste Banco Central.

₫

3. Certidão emitida eletronicamente às 16:57:38 do dia 29/1/2020, com base na Lei nº 9.051, de 18 de maio de 1995. Para verificar a autenticidade deste documento acesse o endereço https://www3.beb.gov.br/certiaut/validar.

Código de validação: LUeSLk1XqtqoLSgx3JUO

Certidão emitida gratuitamente.

CERTIFICATE

It is hereby certified that, on this date, ITAÚ UNIBANCO S.A. (CNPJ--Corporate Taxpayer's Registry 60.701.190/0001-04) is authorized by this Government Authority:

- a. to function as a multi-purpose bank;
- b. to undertake the following:
 - Comercial Bank
 - · Financial Credit and Investment Bank
 - Real Estate Lending Bank
 - Investment Bank
 - Commercial Leasing Bank
- c. to conduct transactions involving:
 - · the Foreign Exchange Market
 - Rural Lending
- 2. It is also hereby certified that at the time this certificate was issued, our records showed that this institution was not subject to a ruling of temporary special administration, intervention or extrajudicial liquidation by the Central Bank.
- 3. Certificate was issued electronically at 4:57:38 p.m. on 29 January 2020 and is based on Law no 9.051, dated 18 May 1995. To verify the authenticity of this document visit the following website https://www3.bcb.gov.br/certiaut/validar.

Validation code: LUeSLk1XqtqoLSgx3JUO

Certificate issued free of charge.

2020 J. T. 2.1 1/110

STATE OF NEW YORK, COUNTY OF NEW YORK.

AFFIDAVIT CERTIFYING ACCURACY OF TRANSLATION

Jean Alice Campbell, being duly sworn, deposes and says:

- 1. That she is thoroughly familiar with both Portuguese and English, by virtue of, as to English, having English as her native tongue, as to Portuguese, having one semester course of study and thirty-eight years of practice as an official bank and legal translator.
- That on 29 January 2020 she translated into English the document originally drafted in 2. Portuguese containing 1 page and dated 29 January 2020.
- That the attached translation is a true and accurate English version of the Portuguese original.

4 That she resides at 10 Columbia Place, Ground Floor, Brooklyn, NY 11201.

an A. Campbell

Subscribed and sworn to before me

ALFREDO C. FLORES
Notary Public, State of New York
No. 01FL4961890
Ouglified in Westchester County
Certificate Fried in New York County
Commission Exercise 3/5/

Commission Expires 2/5/