

F20000003388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

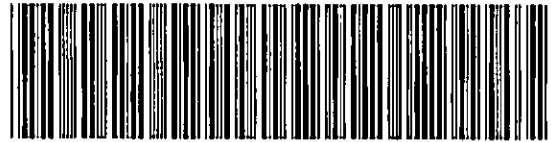
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300348947143

07/27/20--01058--005 **78.75

RECEIVED

JUL 24 2020

2020 JUL 24 PM 3:43

53f
9/5/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Improve International, Inc.

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:

Abby Riegler

Name of Person

Thorelli & Associates

Firm/Company

70 W. Madison Street, Suite 5750

Address

Chicago, IL 60602

City/State and Zip code

abby@thorelli.com

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

For further information concerning this matter, please call:

Abby Riegler

312

357-0300

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.*

Improve International, Inc.

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)
Delaware

2. _____ 3. _____

(State or country under the law of which it is incorporated)
July 20, 2020

(FEI number, if applicable)

4. _____ 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)

777 Brickell Ave. #500-93984, Miami, FL 33131

7. _____

(Principal office address)

Thorelli & Associates - 70 W. Madison St., Ste. 5750, Chicago IL 60602

(Current mailing address, if different)

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

Corporation Service Company

Name:

1201 Hays Street

Office Address:

Tallahassee

32301

_____, Florida _____

(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.*

April Miller

April Miller, 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.

2020 JUN 24 PM 3:43

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Heber Alves

Address: Rua Joao de Deus 677, apt. 4.2;

4100-462 Porto, Portugal

Director: Rui Lobao

Address: Rua Duarte Lopes 167

4150-288 Porto, Portugal

B. OFFICERS

President: Heber Alves

Address: Rua Joao de Deus 677, apt. 4.2;

4100-462, Porto, Portugal

Vice President: _____

Address: _____

Secretary: Thomas H. Thorelli

Address: 70 W. Madison St., Ste 5750, Chicago, IL 60602

Treasurer: Rui Lobao

Address: Rua Duarte Lopes 167, 4150-288 Porto, Portugal

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

12. Thomas H. Thorelli
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. Thomas H. Thorelli, Secretary

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

Delaware

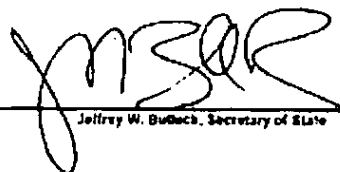
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IMPROVE INTERNATIONAL, 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 TWENTIETH DAY OF JULY, A.D. 2020.

2020 JUL 24 PM 3:13




Jeffrey W. Bullock, Secretary of State

3279707 8300

SR# 20206302915

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

Authentication: 203314768

Date: 07-20-20