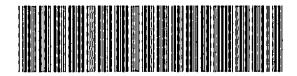
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
2 nd Reject W20000099625				
Walle Co Mac				
[W20000 8432]				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2020

MARIA C. SOUSA 5728 MAJOR BLVD. SUITE 309 ORLANDO, FL 32819

SUBJECT: CAMELIA INVESTMENTS LTDA

Ref. Number: W20000099625

We have received your document for CAMELIA INVESTMENTS LTDA and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 420A00016884

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO:	 Registration S Division of Co 							
CUD I	CAMIEL	JA INVESTMEN	TS LTDA					
SUBJECT: CAMELIA INVESTMENTS LTDA Name of corporation - must include suffix								
Dear S	ir or Madanı:							
"Certit	icate of Existen	ntion by Foreign ice," or "Certifica gn corporation to	ite of Good Stai	iding``ai	zation to Transac nd check are sub orida.	rt Business in Fl mitted to registe	orida." r the	
Please	return all corres	spondence conce	rning this matte	r to the f	following:	-	- 5	
MARL	MARIA C SOUSA						<u> </u>	
			Name of	Person			<u> </u>	
SOUSA	A & ASSOCIATI	ES						
-		· · · · · · · · · · · · · · · · · · ·	Firm/Cor				:	
5728 N	IAJOR BLVD SU	JITE 309						
			Addı	ess.				
ORLA	NDO / FL 32819							
			City/State a	ınd Zip (<u> </u>		
carol@	sousanassociates.	.com						
		E-mail addr	ess: (to be used	for futur	e annual report i	notification)		
For fur	ther information	n concerning this	s matter, please	cali:				
MARIA	ARIA C SOUSA at (1407) 840-7428 Name of Person Area Code Daytime Telephone Nun							
	Name of Pers	on	Area Coo	ic	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314				
Please i	ed is a check fo make check payal 7:0 Filing Fee	or the following a ble to: FLORIDA 最 \$78,75 Fi Carmilan	DEPARTMEN	Ti \$78.7	ATE 5 Filing Coo & Ged Copy	∏ S87 50 F Certified Certified	ie of Status &	

APPLĪCATION 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.

(If name unavails	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ess in Florida)	
BVI	3.	98-1316807 (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated)			
15TH DAY OF	JULY ,2015 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	<u>-</u> -	
RUA LEOPOLD	O C MAGALHAES JR, 1274, APT 81 SAO P	AULO/SP CEP: 04542-001 BRAZIL	<u></u>	
_ _	(Principal off	ice <u>street</u> address)		
5728 MAJOR BLVD, SUITE 309 ORLANDO /FL ZIP 32819				
	(Current mailin	ng address, if different)		
Name and stree	et address of Florida registered agent: (P.C S&A (OUR DBA)	O. Box <u>NOT</u> acceptable)		
ffice Address:	5728 MAJOR BLVD SUITE 309			
	ORLANDO	, Florida <u>32819</u> (Zip code)		
	(City)	(Zip code)		

(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				•	
Chairman	Name:	□Chairman	Name:		
□ Vice Chairman		□Vice Chairman	Address:		
Director	1274. apt 81 Sao Paulo-SP CEP:04542-001	□Director			
□President	Brazil	□President			
□Vice President		□Vice President			
□Secretary	Treasurer	□Secretary		Treasurer	
□Other		Other		☐Other	
□Chairman	Maria C Sousa	□Chairman	Name:		
□Vice Chairman	5728 Major BLVD Suite 309	□Vice Chairman	Address:		
☐ Director	Orlando/ FL 32819	□Director			
□President		□President		··.	
		□Vice President		.s	
Secretary	□Treasurer	☐ Secretary		□Treasurer	
■Other	NTANT Other	Other		□Other <u>· · · ·</u>	
	Name:	□Chairman	Name:		
□Chairman	Address:				
		□Director			
□Director		□President			
□President		□Vice President			
□Vice President	□Treasurer	Secretary		Treasurer	
☐ Secretary	5 0.1	Other		Other	
□Other					
Important Notice individuals may	Use all attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department.	achment will be imag ient of State Annual F	ed for reporting p Report form.	urposes only. Non-indexed	
12.	Signature of Director	or Officer			
The officer or dir she is aware that s.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Depar	ninent of State Consti	nuics a unio degre	, c 10101.) w p	
13	(Typed or printed name and capacity of per	son signing application	on)		

TERRITORY OF THE BRITISH VIRGIN ISLANDS BVI BUSINESS COMPANIES ACT, 2004

CERTIFICATE OF GOOD STANDING (SECTION 235)

4D1783DF90

The REGISTRAR OF CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES that, pursuant to the BVI Business Companies Act, 2004 at the date of this certificate, the company,

Camelia Investments Ltd

BVI COMPANY NUMBER: 1841116

- 1. Is on the Register of Companies;
- 2. Has paid all fees and penalties due under the Act;
- 3. Has filed with the Registrar a copy of its register of directors which is complete;
- 4. Has not filed articles of merger or consolidation that have not become effective;
- 5. Has not filed articles of arrangement that have not yet become effective;
- 6. Is not in voluntary liquidation;
- 7. Is not in liquidation under the Insolvency Act, 2003; ...
- 8. Is not in receivership under the Insolvency Act, 2003;
- 9. Is not in administrative receivership; and
- 10. Proceedings to strike the name of the company off the Register of Companies have not been instituted.



Mult

REGISTRAR OF CORPORATE AFFAIRS

23rd day of September, 2020