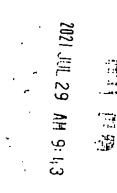
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER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

-

TO: Registration Section Division of Corporations			
SUBJECT: BRAZILIAN WOOD IN	C.		
Na Na	ime of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of enclosed foreign corporation	cate of Good Stan	Authorization to Transact Business in ding" and check are submitted to regis ss in Florida.	Florida," ter the
Please return all correspondence cond	erning this matter	to the following:	20
JUAN E. FIGUERAS			21 J
	Name of	Person	
LAW OFFICES OF JUAN E. FIGUERAS, P.A.			2021 JUL 29
	Firm/Com	pany	至
7700 N. KENDALL DRIVE, SUITE 702			. ۾
	Addre	:SS	$\ddot{\omega}$
MIAMI, FL 33156			
	City/State a	nd Zip code	
FIGUERASLAW@AOL.COM			
E-mail add	ress: (to be used f	or future annual report notification)	
For further information concerning th	is matter, please c	all:	
JUAN E. FIGUERAS	at (305	595-3750	
Name of Person	Area Code) 595-3750 Daytime Telephone Number	
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following Please make check payable to: FLORID/ \$\infty\$ \$70.00 Filing Fee \$78.75 F Certification	A DEPARTMENT	\$78.75 Filing Fee & 💢 \$87.50 F	te of 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.

1. BRAZILIAN W	orporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION,"		
"Inc" "Co.," *C	orp," "Inc," "Co," or "Corp.")			
	ĭ.			
(If name unavail	able in Florida, enter alternate corporate name		ness in Florida)	
2. CANADA3.		36-4678!30		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
JANUARY 6, 2				
(Date of incorporation)		(Date of duration, if other than perpetual)		
6	<u> </u>			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 1800 S. OCEAN	DR., SUITE 1203, HALLANDALE, FL 3300		207	
·	(Principal of	ice street address)		
1800 S. OCEAN	DR., 1203, HALLANDALE BEACH, FL 333	330	=	
	(Current mailir	ng address, if different)	29	
			P	
8. Name and <u>stree</u>	et address of Florida registered agent: (P.0	D. Box NOT acceptable)		
Name:	MIGUEL PEREZ			
Office Address:	1800 S. OCEAN DR., SUITE 1203		, <i>u</i>	
	HALLANDALE	Florida 33009		
	(City)	, Fłorida		
5 B 62		•		
	ent's acceptance: ned as registered agent and to accept serve	ice of process for the above stated corn	oration at the place	
designated in this	application, I hereby accept the appoint	nent as registered agent and agree to a	ict in this capacity. I	
	omply with the provisions of all statutes r with and accept the obligations of my po		formance of my duties,	
ana i am jamajar	wan and accept the oonganons of my po	smon as registered agent.		
	αI_{-}			
	Defe	7		
				
-	(Registered/agent's/s	ignature)		
	Registered agent's s certificate of existence duly authenticated,	•	of this application to	

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

under the law of which it is incorporated.

A. DIRECTORS	i			
□Chairman	Name: ALEXANDRE PEREZ	□Chairman	Name:	
□Vice Chairman	Address: 1800 S. OCEAN DR.	□Vice Chairman		
Director	SUITE 1203	Director		
□President	HALLANDALE, FL 33009	□President	· · · · · · · · · · · · · · · · · · ·	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name: LYNDA CSOMAN	□Chairman	Name	
□Vice Chairman	1800 S. OCEAN DR.	□Vice Chairman		
■Director	SUITE 1203	☐Director		
□President	HALLANDALE. FL 33009	□President		
□Vice President		□Vice President		202
□Secretary	□Treasurer	□Secretary		□Treasurer = - 4
□Other	□Other	□ Оπher		□Other
□Chairman	Name: MIGUEL PEREZ	□Chairman	Name:	AH G
□Vice Chairman	1800 S. OCEAN DR	□Vice Chairman		ώ
□Director	SUITE 1203	□Director		
■ President	HALLANDALE, FL 33009	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other		□Other		□Other
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departm	ient of State Annual Re	port form.	
	Signature of Director	or Officept		
The officer or directly she is aware that falls.8.817.155, F.S.	ctor signing this document (and who is listed in number disc information submitted in a document to the Depar	tment of State constitut	es a third degre	e felony as provided for in
13	MIGUEL PE	152 PAR	ESING	VT

Certificat d'existence

Canada Business Corporations Act s. 263.1(1)(c)

Loi canadienne sur les sociétés par actions art. 263.1(1)

Brazilian Wood Inc. / Le Bois Brésilien Inc.

Corporate name / Dénomination sociale

650208-3

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above was in existence under the Canada Business Corporations Act on 2021-07-13 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société ci-dessus mentionnée existait en vertu de la Loi canadienne sur les sociétés par actions le 2021-07-13 (AAAA-MM-JJ).

stewners A

Raymond Edwards

Director / Directeur

2021-07-13

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ) 1021 JUL 29 AM 9: 4

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