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### Michel de Amorim

601 Brickell Key Drive, Suite 901

MIAMI, FL 33131

Telephone: 617 939-0218 ext 179

FAX: 617 939-0218 ext 179

Foreign Corporation Authorization to Transact Business in Florida

Dear Agent,

Please, kindly approve the Authorization to Transact Business in Florida for Folkston Finance S.A. CORP, a British Virgin Islands corporation.

This company had a domestication form previously filed and approved (<u>Document Number P21000104720</u>; <u>Date Filed 12/17/2021</u>), but that filing was done by mistake since it was not the case of a domestication, but a foreign authorization form should be filed instead.

Please consider the same name (Folkston Finance S.A. CORP) for the company as appears in this authorization form (attached herein) for the new registry.

Folkston Finance S.A. CORP, previously registered, has been dissolved by our request because the strategy is not to move the company entirely to Florida, but just to have a FL state ID to be in compliance with the state.

Sincerely,

Michel de Amorim Registered Agent

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: FOLKSTON FINANCE S.A	Foreign Corp	oration Authorization to Tran	sact Business in FL
	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to t	of Good Stanc	ling" and check are submi	Business in Florida," tted to register the
Please return all correspondence concern	ing this matter	to the following:	
	MICHEL DE A	AMORIM	
	Name of I	Person	
DRU	JMMOND CON	SULTING LLC	
	Firm/Com	pany	
60	1 Brickell Key D	Drive, Suite 901	
	Addre	ss	
	MIAMI, F	1, 33131	
	City/State ar	ıd Zip code	
·	-	ondadvisors.com	
E-mail addres	s: (to be used f	or future annual report not	ification)
For further information concerning this n	natter, please c	all:	
MICHEL DE AMORIM	at ( <u>617</u>	939-0218 ext 179	
Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a check for the following am Please make check payable to: FLORIDA D  \$70.00 Filing Fee  \$78.75 Filin  Certificate	EPARTMENT ag Fee &		<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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.

(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
BRITISH VIRO	GIN ISLANDS	98-1638521
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
12th day of Ma	y 2016	perpetual
(Date	e of incorporation)	(Date of duration, if other than perpetual)
Upon Qualific	eation	
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502. F.S., to determine penalty liability)
601 Brickell Key	Drive, Suite 901 - MIAMI, FL 33131	
<del></del>		fice street address)
	(Timetpar or	
601 Brickell Ke	y Drive, Suite 901 - MIAMI, FL 33131	<u> </u>
601 Brickell Ke	y Drive, Suite 901 - MIAMI, FL 33131	ng address, if different)
601 Brickell Ke	y Drive, Suite 901 - MIAMI, FL 33131	
	y Drive, Suite 901 - MIAMI, FL 33131	ng address, if different)
Name and stre	y Drive, Suite 901 - MIAMI, FL 33131 (Current maili	ng address, if different)
Name and <u>stre</u> Name:	v Drive, Suite 901 - MIAMI, FL 33131  (Current mailinet address of Florida registered agent: (P.	ng address, if different)
Name and <u>stre</u> Name:	v Drive, Suite 901 - MIAMI, FL 33131  (Current mailiet address of Florida registered agent: (P. Drummond Consulting LLC	ng address, if different)  O. Box NOT acceptable)
Name and stre	et address of Florida registered agent: (P.  Drummond Consulting LLC  601 Brickell Key Drive, Suite 901	ng address, if different)
Name and <u>stre</u> Name: fice Address:	v Drive, Suite 901 - MIAMI, FL 33131  (Current mailing et address of Florida registered agent: (P. Drummond Consulting LLC  601 Brickell Key Drive, Suite 901  MIAMI, FL  (City)	ng address, if different)  O. Box NOT acceptable)  ALL ARE LAND AND AND AND AND AND AND AND AND AND
Name and stre Name: fice Address:  Registered ag	et address of Florida registered agent: (P. Drummond Consulting LLC 601 Brickell Key Drive, Suite 901 MIAMI, FL (City) ent's acceptance:	ng address, if different)  O. Box NOT acceptable)  TALL AHASSEE AN  (Zip code)  (Zip code)
Name and stre  Name:  fice Address:  Registered agwing been nansignated in this	et address of Florida registered agent: (P. Drummond Consulting LLC  601 Brickell Key Drive, Suite 901  MIAMI, FL  (City)  ent's acceptance: led as registered agent and to accept serves application, I hereby accept the appoint	ng address, if different)  O. Box NOT acceptable)  ALL ARE LAND AND AND AND AND AND AND AND AND AND

under the law of which it is incorporated.

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

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

#### A. DIRECTORS FRANCISCO JOSE MALZONI □ Chairman □ Chairman Name: \_\_\_\_\_ RUA IGARAPAVA 90, COB 01, □Vice Chairman Address: ☐ Vice Chairman Address: LEBLON, RIO DE JANEIRO/RJ **■** Director □ Director 22450-200 President □President □Vice President ☐ Vice President ■ Secretary Treasurer □ Secretary □Treasurer Other\_\_\_\_ Other \_\_\_\_ ☐Other \_\_\_\_\_ ☐Other \_\_\_\_ Name: □ Chairman Name: ☐ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director □President □President □ Vice President □Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Other \_\_\_\_ Chairman Name: □Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director Director □ President □ President □Vice President \_\_\_\_\_ □Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer Other □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 Forda 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.

FRANCISCO JOSE MALZONI, DIRECTOR

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



# CERTIFICATE OF GOOD STANDING (SECTION 235)

A301F3A7B0

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,

### FOLKSTON FINANCE S.A.

BVI COMPANY NUMBER: 1914564

- 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

6th day of December, 2021

### **FILED** Jan 28, 2022 Secretary of State

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

FOLKSTON FINANCE S.A. CORP

SECOND:

The document number of the corporation: P21000104720

THIRD:

The date dissolution was authorized: January 28, 2022

Effective date of dissolution: January 28, 2022

FOURTH:

Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: FRANCISCO JOSE MALZONI

DIRECTOR

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

#### FILED Jan 28, 2022 Secretary of State

### **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

FOLKSTON FINANCE S.A. CORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

DISSOLUTION MUST BE DONE BECAUSE THIS COMPANY WAS A RESULT OF DOMESTICATION FORM THAT WAS MISTANKENLY FILED PREVIOUSLY. THE COMPANY'S STRATEGY IS NOT TO MOVE ITSELF TO FLORIDA, BUT ONLY TO HAVE A FLORIDA ID AND CONTINUE TO OPERATE IN BVI.

Mailing address where claims can be sent:

601 BRICKELL KEY DRIVE STE 901 SUITE 901 MIAMI, FL 33131 US

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: FRANCISCO JOSE MALZONI

Electronic Signature of the Person Filing