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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 Phone : (407)334-7001 Fax Number : (123)456-7890

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FERNANCIA (Q TXCHUS CHICHAL TAX - COM

## FOREIGN PROFIT/NONPROFIT CORPORATION BRETANHA USA, INC.

Certificate of Status	0
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Estimated Charge	\$70.00

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S. ROBERTS

OCT 17 2022

### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SHRI	ECT:	BRETANHA	USA INC			
SODO	LCI		Name of cor	poration - mu	st include suffix	
Dear S	Sir or M	adam:				
"Certi	ficate o	f Existence," c	by Foreign Corpora or "Certificate of Go rporation to transac	od Standing	and check are sub-	et Business in Florida," mitted to register the
Please	return	all correspond	ence concerning thi	s matter to th	e following:	
FERN	ANDA !	FIGUEIREDO				
			N	ame of Perso	on	
DOM	US GLO	BAL TAX AD	VISORS LLC			
			Fi	rm/Company		
7680 t	JNIVER	SAL BLVD ST	°E 510			
			·	Address		
ORLA	NDO F	LORIDA 32819	ı			
			City	/State and Zi	p code	
FERN	ANDA(	_	BALTAX.COM			
		E	E-mail address: (10 b	e used for fu	ture annual report n	otification)
For fu	rther in	formation con	cerning this matter,	please call:		
Fernai	ıda Figu	eiredo	redo at (\frac{407}{\text{of Person}}\) \frac{334-7001}{\text{Area Code}} \frac{\text{Daytime Telephone Number}}{Variance Possible P			
	Nam	e of Person	Λ	rea Code	Davtime 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 Tallahassee, FL 32314			
Please	make ch	neck payable to:	following amount: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Stat	& 🗆 S78	STATE 3.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

## 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.

I. BRETANHA U				
(Enter name of co "Inc.," "Co.," "Co	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
N/A				
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting t	ousiness in Florida)	
NORTH CARO	LINA			
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
03/16/2017	5	PERPETUAL		
. (Date	of incorporation)	(Date of duration, if other than perpetual)		
N/A				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		)	
3156 PANTANA	L LN, KISSIMMEE, FL 34747			
•	(Principal offic	e <u>street</u> address)		
7680 UNIVERS	AL BLVD STE 510, ORLANDO FL 32819		N.	
<del></del>	(Current mailing	address, if different)	2022 OCT 17	
			- 9	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	, —	
Name:	DOMUS GLOBAL TAX ADVISORS LLC	····-	3	
Office Address:	7680 UNIVERSAL BLVD STE 510		9: 1- 3	
Muce Address.	OBLANDO	32810	် င်	
	ORLANDO	Florida 32819		
	(City)	(Zip code)		
Taving been nam lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept servic application, I hereby accept the appointm comply with the provisions of all statutes re r with and accept the obligations of my pos	ent as registered agent and agree lative to the proper and complete	to act in this capacity.	
	Fernanda	Figuindo		
_	(Registered agent's sig	gnature)	***************************************	
IO March 15	certificate of existence duly authenticated,		very of this application	

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### DocuSign Envelope ID: BFABD994-EB9D-40F6-9F9D-27555EB700C4 A. DIRECTORS RAFAEL SCHEIBLER Name: □ Chairman Chairman R. Almirante Alexandrino 640 Address: □Vice Chairman Address: □Vice Chairman Apt 501 Director Director Casca - RS 99260-000, Brazil □President President □Vice President □Vice President \_\_\_\_\_ □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □Director □ Director President President □Vice President \_\_\_\_ □Vice President □Treasurer □Treasurer ☐ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman : Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: □Vice Chairman Address: Director □Director ☐ President □President □Vice President □Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □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.

12. <u>Kafaul Schuibler</u>
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. RAFAEL SCHEIBLER - PRESIDENT



# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### BRETANHA USA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of March, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of August, 2022.

Elaine I Marshall

Secretary of State