

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : MEDEIROS SOUZA CORP
 Account Number : 120190000863
 Phone : (407)325-8484
 Fax Number : (407)604-6519

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

Email Address: contact@medeirosouza.com

RECEIVED

2023 SEP 29 PM 4:01

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
 IASEIE AMERICAN BRANCH CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
 TALLAHASSEE, FL

2023 SEP 29 PM 1:39

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Help



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign not for profit corporation to conduct its affairs in Florida. The requirements are as follows:

- Pursuant to section 617.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 each (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the cover letter and send one check for the total amount made payable to the Florida Department of State.
- The cover letter should be completed and submitted along with the certificate, application and check. Both the mailing address and street address are noted in the cover letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IASEIE AMERICAN BRANCH

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dra. Graca Melo Araujo

Name of Person

Dra. Graca Melo Araujo

Firm/Company

6500 Sand Lake Sound Road, Doctor Phillips, Apt 1113

Orlando, FL, 32819

Address

Orlando/FL 32835

City/State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

contact@medeirosouza.com

321 588-5865

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. IASEIE AMERICAN BRANCH CORPORATION

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/05/2016 5. (Date of Incorporation) (Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 2295 S Hiawasse Road, Suite 104, Orlando, FL 32835 (Principal office street address)

2295 S Hiawasse Road, Suite 104, Orlando, FL 32835 (Current mailing address, if different)

8. Charitable, educational and religious purposes (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Medeiros Souza Corp

Office Address: 1711 Amazing Way Ste 213

Ocoee, Florida 34761 (City) (Zip Code)

10. 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.

(Registered agent's signature)

11. 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.

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TALLAHASSEE, FL

12. 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: Dra. Graca Melo Araujo
☐ Vice Chairman Address: 6500 Sand Lake Sound Road
☐ Director Doctor Phillips, Apt 1113, Orlando, FL
☒ President 32819
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr. Sibia Keila Nascimento
☐ Vice Chairman Address: 13905 Osprey Links RD
☐ Director Apt. 105, Orlando FL, 32837
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr. Mary Elizabeth McAlister
☐ Vice Chairman Address: P.O. BOX 11363
☐ Director Lynchburg, VA, 24506-0000
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mauro Henrique Melo de Araujo
☐ Vice Chairman Address: 6500 Sand Lake Sound Road
☐ Director Doctor Phillips, Apt. 1113, Orlando FL
☐ President 32819
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: 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.

13. Graca Melo Araujo
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Graca Melo Araujo
 (Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

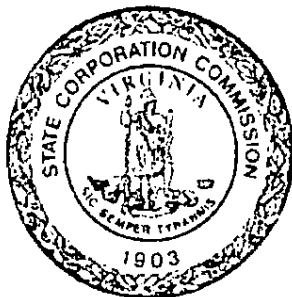
That International Association for Science, Ethics and Integrated Education USA - Seeing What Is Not Seen is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on December 5, 2016;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 29, 2023

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission