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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FURIAGG, CORP				
	ame of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certification of the corporation of the corpora	ficate of Good Stan	ding" and check are subr		
Please return all correspondence con	ncerning this matter	to the following:		
MICHEL DE AMORIM				
	Name of	Person		
DRUMMOND CONSULTING LLC				
	Firm/Com	pany		
601 BRICKEL KEY DRIVE, SUITE 9	01			
	Addre	ess		
MIAMI, FLORIDA, 33131				
	City/State a	nd Zip code		
compliance@drummondadvisors.com				
E-mail ac	ldress: (to be used t	or future annual report ne	otification)	
For further information concerning t	his matter, please c	all:		
MICHEL DE AMORIM	781	770-0005		
Name of Person	at (⁷⁸¹ Area Code	e Daytime Teleph	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
~	DA DEPARTMENT	OF STATE] \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

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 unavail	able in Florida, enter alternate corporate name ad		siness in Florida)	
DELAWARE 3.		85-2460994		
(State or countr	y under the law of which it is incorporated)	(FEI number, it applica	ble)	
	5	(Date of duration, if other than		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)	
•	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
	SOUNDS PKWY, SUITE D. BOCA RATON, FI	ORIDA 33487		
•	(Principal office	street address)		
		<u> </u>		
	(Current mailing)	address, if different)		
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	LULH APR -	
Name:	DRUMMOND CONSULTING LLC		-2	
office Address:	601 BRICKELL KEY DR STE 901		₽? ·.	
	MIAMI	, Florida <u></u>	t: 2	
	(City)	(Zip code)	Ŋ	
laving been names esignated in this arther agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele with and accept the obligations of my posit	nt as registered agent and agree to utive to the proper and complete pe	act in this capacity. rformance of my du	
	$200 \cdot 110$	Amarin		
	Muchel De	, , , , , ,		

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name: ANDRE AKKARI	□Chairman	Name: JAIME DE PADUA FERREIRA				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	8853 NEW TIVER FALLS	□Director	7280 W PALMETO PARK RD				
□President	BOCA RATON, FL 33496	□President	BOCA RATON, FL 33433				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□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				
	Ni	□Chairman	Name:				
Chairman	Name:						
	Address:		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 Florida Department of State Annual Report form. 12. Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) aftirms 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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FURIAGG, CORP" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2024.

at cord delaware gov/au

Authentication: 202919610

Date: 02-29-24