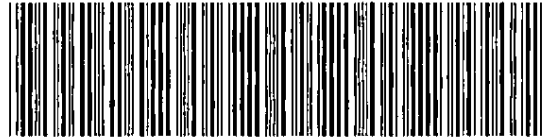


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1. UREA SPARK INC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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. Urea Spark Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

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

4. 11/28/2023 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 BRICKELL KEY DR, SUITE 901 MIAMI, FL 33131
(Principal office street address)

601 BRICKELL KEY DR, SUITE 901 MIAMI, FL 33131
(Current mailing address, if different)

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

Name: DRUMMOND CONSULTING LLC

Office Address: 601 BRICKELL KEY DR, SUITE 901

MIAMI, Florida 33131
(City) (Zip code)

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2024 AUG 13 PM 6:22
Secretary of State
Department of State

9. 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.

Joseline Freitas

(Registered agent's signature)

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 under the law of which it is incorporated.

11. 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: Pedro Antonio Leal de Assumpção
 Vice Chairman Address: Rua. Nova York, 161 - 273
 Director Brooklin, São Paulo, CEP: 04560-000
 President Brazil
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Dante Beneveni de Campos Junior
 Vice Chairman Address: Rua Eusebio Camara, 21
 Director Jardim Olympia, SP - CEP 05542-180
 President BRA
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Cristovam Torres Magalhães
 Vice Chairman Address: Rua dos Carajas, 115 Ca
 Director Residencial Posse Nova Itupeva SP
 President Cep 13295-000 Brazil
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Alex Leite do Nascimento
 Vice Chairman Address: Avenida Vice Presidente Jose
 Director Alencar, 1515 - Bloco 4 apt 409
 President Jacarepagua - RJ - CEP22775-033
 Vice President BR
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Urca Saga Inc
 Vice Chairman Address: Tortola Pier Park, Bulding 1,
 Director Second Floor, Wickhams Cay, I,
 President Road Town, BVI
 Vice President _____
 Secretary Treasurer
 Other Shareholder Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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. *Pedro Antonio Leal de Assumpção*
 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. Pedro Antonio Leal de Assumpção
 (Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

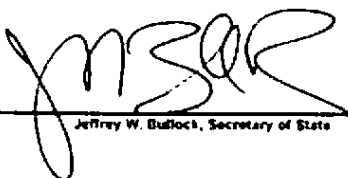
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URCA SPARK INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "URCA SPARK INC" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State