

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

From:  
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I28160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**BRISA SOCIEDADE PARA O DESENVOLVIMENTO DA**  
**TECNOLOGIA**

Certificate of Status	0
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Page Count	02
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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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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.

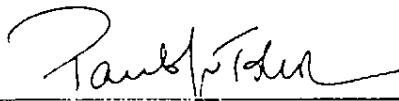
1. Brisa Sociedade Para O Desenvolvimento da Tecnologia da Informacao Co.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Brazil 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/04/1989 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/02/2025  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7751 KINGSPORTE PKWY STE 120, ORLANDO FL 32819  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: PAULO F DE VILHENA TOLEDO  
Office Address: 6810 HELMSLEY CIR  
WINDERMERE, Florida 34786  
(City) (Zip code)

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.*



(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]:

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STATE  
TREASURER'S  
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TALLAHASSEE, FL

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A. DIRECTORS

☐ Chairman Name: PAULO F DE VILHENA TOLEDO  
☐ Vice Chairman Address: 6810 HELMSLEY CIR  
☐ Director WINDERMERE FL 34786  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

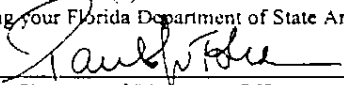
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ 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.   
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 §817.155, F.S.

13. PAULO F DE VILHENA TOLEDO  
(Typed or printed name and capacity of person signing application)

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 <h2 style="margin: 0;">FEDERATIVE REPUBLIC OF BRAZIL</h2> <h3 style="margin: 0;">NATIONAL REGISTRY OF LEGAL ENTITIES</h3>		
<b>REGISTRATION NUMBER</b> 59.938.217/0001-90 MATRIZ	<b>PROOF OF REGISTRATION AND STATUS</b>	<b>DATE OF OPENING</b> 04/01/1989
<b>CORPORATE NAME</b> BRISA SOCIEDADE PARA O DESENVOLVIMENTO DA TECNOLOGIA DA INFORMACAO		
<b>NAME OF ESTABLISHMENT (FANTASY NAME)</b> BRISA		<b>SIZE</b> DEMAIS
<b>PRIMARY ECONOMIC ACTIVITY CODE AND DESCRIPTION</b> 72.10-0-00 - Research and development in physical and natural sciences		
<b>SECONDARY ECONOMIC ACTIVITY CODES AND DESCRIPTIONS</b> 62.01-5-01 - Development of custom computer software 62.02-3-00 - Development and licensing of customized computer software 62.03-1-00 - Development and licensing of non-customized computer software 62.04-0-00 - Information technology consultancy 62.09-1-00 - Technical support, maintenance, and other IT services 63.11-9-00 - Data processing, application services, and hosting services on the internet 63.19-4-00 - Portals, content providers, and other information services on the internet 71.20-1-00 - Testing and technical analyses 74.90-1-99 - Other professional, scientific, and technical activities not previously specified		
<b>LEGAL NATURE CODE AND DESCRIPTION</b> 399-9 - Private Association		
<b>STREET</b> ST COMERCIAL SUL	<b>NUMBER</b> 100	<b>COMPLEMENT</b> QUADRA07 BLOCO A SALA 818, 820, 822 E 824
<b>POSTAL CODE</b> 70.307-902	<b>NEIGHBORHOOD/DISTRICT</b> ASA SUL	<b>CITY</b> BRASILIA
		<b>STATE</b> DF
<b>ELECTRONIC ADDRESS</b>		<b>PHONE</b> (61) 3202-8896
<b>RESPONSIBLE FEDERAL ENTITY (EFR)</b> *****		
<b>REGISTRATION STATUS</b> ACTIVE		<b>DATE OF REGISTRATION STATUS</b> 09/12/2000
<b>REASON FOR REGISTRATION STATUS</b>		
<b>SPECIAL STATUS</b> *****		<b>DATE OF SPECIAL STATUS</b> *****

Approved by Normative Instruction RFP No. 2,119, dated December 6, 2022

Issued on 02/01/2025 at 14:08:09 (Brasilia date and time)

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