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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

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Foreign Limited Liability Company LTBrazil LLC

Certificate of Status	0
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J. SAULSBERRY **EXAMINER**

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CT CORPORATION

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CT: LTBrazil LLC			
	Name of Limited Liability Company			
Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Basiness in Florida, e, and check are submitted to register the above referenced foreign limited liability company to transact business."			
Picase	sturn all correspondence concerning this metter to the following:			
	Steven Torello			
	Name of Person			
	DLA Piper LLP (US)			
	Pirm/Company			
	1000 Louisians Street, Suite 2800			
	Address	25°	2012	
	Houston, TX 77002	AHA AHA	AUG	
	City/State and Zip Code	TARY OF STATE	-2	Į##
	Steven.Torello@dlapiper.com	m _C	ī	ΓT
	E-mail address: (to be used for future annual report notification)	F.S.	æ ⊒π	
For fu	For further information concerning this matter, please call:		¥ 52	
	Beau Beduze at (713) 332-3776	,D		
	Name of Person Area Code & Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301			
Enclo	ed is a check for the following amount: \$125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & \$\frac{1}{2}\$155.00 Filing Fee & \$\frac{1}{2}\$160.00 Filing Fee, Certifice Copy Certificate of Status	nie		

FLUST - 10/05/2518 C T System Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION OR SEE FLORIDA STATUTES. THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. LTBrazil LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	7
(if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C." "LLC.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FHI number, if applicable) company is organized)	
4. 7-26-2012 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will on exist or "perpetual")	use to
6, July 31, 2012	<u> </u>
(Date first transacted business in Flurida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	2162 2162
7 293 South Beach Road	ALL ALL
Hobe Sound Electe 22455	ARY ASSE
Hobe Sound, Florida 33455 (Street Address of Principal Office)	
<u> </u>	PES A
8. If limited liability company is a manager-managed company, check here	ORAL OF
9. The name and usual business addresses of the managing members or managers are as follows:	AM 8 52 OF STATE E. FLORIDA
Leila Tauil de Freltas	
293 South Beach Road	
Hobe Sound, Florida 33455	
10. Attached is an original certificate of existence, no more than 90 days old, they authenticated by the official having control the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under each of the translation must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: any lawful purposes.	1855, 8
Ganif.	
Signature of a member or an authorized representative of a member. (in secondance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjacy that the facts simed bases are true. I am aware that any false information submitted in a	
document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.1 Leula Jaml de Freitas	s. j
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	: Limited Liability Company is:			
LTBrazil LLC				
If unavailable, the	alternate to be used in the state of Florida is:			
2. The name and t	he Florida street address of the registered agent and office are:	SE SE	22	
Ċī	Corporation System		2012 AUG	69
	(Name)		5	77
120	0 South Pine Island Road	CRETARY OF LAHASSEE.	-2	1, random
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF S	7	
PĮ	antation FL 33324	OF STATE	8± 52	"The sace "
_	City/State/Zip		10	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Havel K. (Signature)

CT Corporation System

Howard L. Volz

Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

77.057 - 10/05/2010 C T Symma Oulies

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "LTBRAZIL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE FALLAHASSEE, FLORIDA

5189937 8300

120899374

You may varify this certificate online at corp. delevere.gov/authver.shtml

AUTHENTY CATION: 9753711

DATE: 08-02-12