

MIS 000004395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

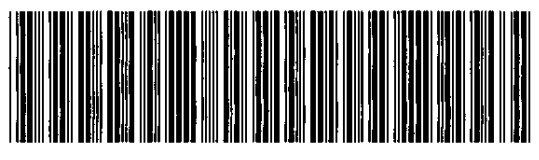
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/15--01019--006 **160.00

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15 JUN -2 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 5 15 10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WMA PARTICIPACOES, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ROSE MARIE MATOS FERREIRA
Name of Person

WMA PARTICIPACOES, LLC
Firm/Company

13418 BUDWORTH CIRCLE
Address

ORLANDO, FL, 32832
City/State and Zip Code

RMFERR@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK at (407) 496 43 40
Name of Contact Person Area Code Daytime Telephone Number

x MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. WMA PARTICIPAÇÕES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

WMA PARTICIPAÇÕES, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. POLK COUNTY, FLORIDA 3. 98-1233487
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

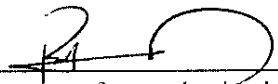
5. _____
9800 US HWY 192, CLERMONT, FL 33
(Street Address of Principal Office)

6. _____
13418 BUDWORTH CIRCLE, ORLANDO, FL
(Mailing Address)

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15 JUN -2 PM 2:27
TALLAHASSEE, FLORIDA
STATE

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ROSE MARIE MATOS FERREIRA -> REPRESENTATIVE AGENT

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein 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 s.817.155, F.S.)

ROSE MARIE MATOS FERREIRA

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WMA PARTICIPAÇÕES, LLC

If unavailable, the alternate to be used in the state of Florida is:

WMA PARTICIPAÇÕES, LLC

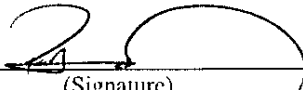
2. The name and the Florida street address of the registered agent and office are:

ROSE MARIE MATOS FERREIRA
(Name)

9800 US Hwy 192
Florida Street Address (P.O. Box NOT ACCEPTABLE)

CLERMONT FL 33897
City/State/Zip

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 605, Florida Statutes.


(Signature)

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

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WMA Participacoes, SA

Letter of Authorization

WMA Participacoes, SA., 9800 Highway 192 Davenport, FL

Date December 17, 2013

To Whom It May Concern:

This letter does hereby authorize Rose Marie Matos Ferreira to act as representative Agent for WMA Participacoes, SA (Owner) with the respective banks, governmental agencies, contractors, suppliers, and vendors, related to the business and real property listed above and located in Polk County, Florida.

By execution of this document, the Owner WMA Participacoes, SA does hereby allow Rose Marie Matos Ferreira to establish a business entity in the State of Florida, establish business relationships, accounts, sign binding contracts, apply for and establish any necessary tax and employer ID numbers.

If you have any questions, please contact me at the phone number below or rm@wmatrade.com.br, marie.ferreira@acocearense.com.br.

Sincerely,

SIGNATURE:

Maria Rosemeire Matos Ferreira

NAME: MARIA ROSEMEIRE MATOS FERREIRA

TITLE: _____

COMPANY: WMA Participacoes, SA

STATE OF FLORIDA

COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me this 20th day of December

2013, by Maria Rosemeire Matos Ferreira, who is personally known to me, or who
(name of person making statement)

produced Passport as identification.

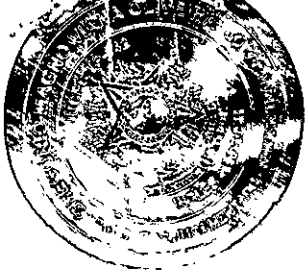
SEAL:



Maria Jéssica Herrera Denson
COMMISSION # DD959751
EXPIRES: FEB. 09, 2014
WWW.AARONNOTARY.COM

Notary Public Signature: _____

[Signature]



FEDERATIVE REPUBLIC OF BRAZIL

Gregório Magno Viana Oliveira

Public Sworn Translator and Commercial Interpreter

Enrolled at the Trade Board of the State of Ceará under No. 0420511

Av. Aguanambi, 889, apto. 103, Bairro de Fátima, Fortaleza (CE) Phone: +55 (85) 3045-4224/8804-9647 E-mail: greg.oliveira@hotmail.com

Translation No.: 165

Book No.: 05

Page 309

I, the undersigned, a Sworn Translator in and for this state, registered at the Trade Board of Ceará under No. 0420511, hereby DECLARE to have received a document written in Portuguese for translation into English, which I did, word for word, to the best of my knowledge and ability, as follows:

(BRAZILIAN COAT OF ARMS) National System of Registry of Commercial Corporations - SINREM
COMMERCE AND SERVICES SECRETARIAT
NATIONAL DEPARTMENT OF COMMERCE REGISTRY
REGISTRY OF COMMERCE OF THE STATE OF CEARÁ

SIMPLIFIED CERTIFICATE

Page: 001/001

This is to certify that the information below can be found in the documents archived at this Registry of Commerce and is in effect as of the date of its issue.

Corporate Name

WMA PARTICIPAÇÕES S A

Legal nature: CLOSELY HELD CORPORATION

Registry of Commerce Identification Number – NIRE
(Main office)
23 3 0002654-3

CNPJ
07.867.417/0001-03

Archiving Date of the
Incorporation Act
30/01/2006

Date of Start of
Activity
30/01/2006

Full Address (Street, number & complement, neighborhood, city, state, ZIP code)
RUA METON DE ALENCAR, 1807, SALA 01, CENTRO, FORTALEZA, CE, 60.035-161

Purpose

PARTICIPATION IN OTHER CORPORATIONS AND MANAGEMENT OF OWN PROPERTY

Capital
R\$ 174,691,926.00
(ONE HUNDRED SEVENTY-FOUR MILLION, SIX HUNDRED NINETY-ONE THOUSAND, NINE HUNDRED TWENTY-SIX REAIS)

Duration Period

Indefinite

Paid-up Capital
R\$ 174,691,926.00
(ONE HUNDRED SEVENTY-FOUR MILLION, SIX HUNDRED NINETY-ONE THOUSAND, NINE HUNDRED TWENTY-SIX REAIS)

Board of Directors / End of Term / Position

Name/CPF	End of Term	Position
jose vilmar Ferreira 031.150.543-00	16/08/2015	CHIEF EXECUTIVE OFFICER
ANTONIO SIMAO ARRAIS FILHO 243.227.333-87	31/10/2017	FINANCIAL AND RELATIONSHIPS DIRECTOR
VINICIUS DE CASTRO ALVES SAMPAIO 456.490.903-78	31/10/2017	COMPROLLING DIRECTOR
CINTHIA MARIA FREITAS CAVALCANTI 433.823.123-87	31/10/2017	ORGANIZATIONAL DEVELOPMENT DIRECTOR
MILTON CARLOS DE ALMEIDA LIMA 335.413.026-15	31/10/2017	INDUSTRIAL DIRECTOR
CLAYTON LABES 666.978.678-68	31/10/2017	SUSTAINABILITY DIRECTOR
EDGARD DE VASCONCELOS CORREA 162.719.983-72	31/10/2017	LOGISTICS AND SUPPLY DIRECTOR
MARIA DE JESUS FERREIRA CORREA 445.772.653-20	31/10/2017	LEGAL DIRECTOR

Gregório Magno Viana Oliveira
Tradutor Público - Inglês

PAULO SÉRGIO MENDES MARTINS

31/10/2017

COMMERCIAL DIRECTOR

234.680.093-72

FRANCISCO IAN DE VASCONCELOS CORREA

31/10/2017

VICE-PRESIDENT DIRECTOR

293.589.733-15

Latest archiving date

Date: 28/01/2015

Number: 20150016085

Status

ACTIVE REGISTER

Act: MINUTES OF BOARD OF DIRECTORS MEETING

Status

Event

XXXXXXXXXXXXXXXXXXXX

FORTALEZA, CE, 30 March, 2015

[SIGNATURE]

HAROLDO FERNANDES MOREIRA

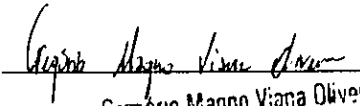
GENERAL CLERK

[STAMP OF THE REGISTRY OF COMMERCE OF THE STATE OF CEARÁ]

FURTHER NAUGHT. I certify that the preceding is a true, faithful and unabridged rendering into English of the original Portuguese version. IN WITNESS WHEREOF, I set my hand and stamp, in this city of Fortaleza, Ceará, on the 31st day of March, 2015.

Fees: R\$ 60,00

Receipt # 67/2015



Gregório Magno Viana Oliveira
Tradutor Público - Inglês
Matricula 0420511



CERTIDÃO SIMPLIFICADA

Certificamos que as informações abaixo constam dos documentos arquivados nesta Junta Comercial e são vigentes na data da sua expedição.

Nome Empresarial WMA PARTICIPAÇÕES S A			
Natureza Jurídica: SOCIEDADE ANÔNIMA FECHADA			
Número de Identificação do Registro de Empresas - NIRE (Sede) 23 3 0002654-3	CNPJ 07.867.417/0001-03	Data de Arquivamento do Ato Constitutivo 30/01/2006	Data de Início de Atividade 30/01/2006
Endereço Completo (Logradouro, Nº e Complemento, Bairro, Cidade, UF, CEP) RUA METON DE ALENCAR, 1807 - SALA 01, CENTRO, FORTALEZA, CE, 60.035-161			
Objeto Social PARTICIPAÇÃO EM OUTRAS SOCIEDADES E ADMINISTRAÇÃO DE BENS PRÓPRIOS.			
Capital Social R\$ 174.691.926,00 (CENTO E SETENTA E QUATRO MILHOES SEISCENTOS E NOVENTA E UM MIL NOVECENTOS E VINTE E SEIS REAIS)		Prazo de Duração Indeterminado	
Capital Integralizado R\$ 174.691.926,00 (CENTO E SETENTA E QUATRO MILHOES SEISCENTOS E NOVENTA E UM MIL NOVECENTOS E VINTE E SEIS REAIS)			
Diretoria/Término Mandato/Cargo			
Nome/CPF	Término Mandato	Cargo	
jose vilmar ferreira 031.150.543-00	16/08/2015	DIRETOR PRESIDENTE	
ANTONIO SIMAO ARRAIS FILHO 243.227.333-87	31/10/2017	DIRETOR FINANCEIRO E DE RELACIONAMENTO	
VINICIUS DE CASTRO ALVES SAMPAIO 456.490.903-78	31/10/2017	DIRETOR DE CONTROLADORIA	
CINTHIA MARIA FREITAS CAVALCANTI 433.823.123-87	31/10/2017	DIRETORA DE DESENVOLVIMENTO ORGANIZACIONAL	
MILTON CARLOS DE ALMEIDA LIMA 335.413.026-15	31/10/2017	DIRETOR INDUSTRIAL	
CLAYTON LABES 666.978.678-68	31/10/2017	DIRETOR DE SUSTENTABILIDADE	
EDGARD DE VASCONCELOS CORREA 162.719.983-72	31/10/2017	DIRETOR DE LOGISTICA E SUPRIMENTOS	
MARIA DE JESUS FERREIRA CORREA 445.772.653-20	31/10/2017	DIRETORA JURIDICA	
PAULO SÉRGIO MENDES MARTINS 234.680.093-72	31/10/2017	DIRETOR COMERCIAL	
FRANCISCO IAN DE VASCONCELOS CORREA 293.589.733-15	31/10/2017	DIRETOR VICE PRESIDENTE	
Ultimo arquivamento		Situação	
Data: 28/01/2015 Número: 20150016085		REGISTRO ATIVO	
Ato: ATA DE REUNIAO DO CONSELHO DE ADMINISTRACAO		Status	
Evento:		XXXXXXXXXXXXXXXXXXXXXX	

FORTALEZA - CE, 30 de março de 2015

15/041387-4



H. Fernandes Moreira

HAROLDO FERNANDES MOREIRA
SECRETARIO-GERAL

