

MIL000003941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

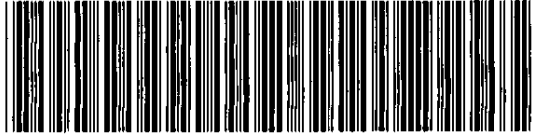
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 MAY 17 A 11: 30  
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**DATE:** 5/17/16

**NAME:** BF NORTH AMERICA, LLC

**TYPE OF FILING:** APPLICATION

**COST:** 160.00

**RETURN:** CERTIFIED COPY AND GOOD STANDING PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BE NORTH AMERICA, 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:

Karen Rodriguez  
Name of Person  
Triad Professional Services  
Firm/Company  
1720 Windward Concourse, S. 390  
Address  
Alpharetta, GA 30005  
City/State and Zip Code  
maysalf@fradv.com.br  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 17 A 11: 30

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For further information concerning this matter, please call:

Karen Rodriguez at ( 770 ) 777-2091  
Name of Contact Person Area Code Daytime Telephone Number

**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 TRANSACT BUSINESS IN FLORIDA

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

1. BF NORTH AMERICA, L.L.C  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. DELAWARE 3. 37-1803671  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

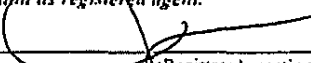
4. UPON QUALIFICATION  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. Rua Cachoeira, 70, Boa Vista  
Joinville, SC, Brazil 89205-070  
(Street Address of Principal Office)

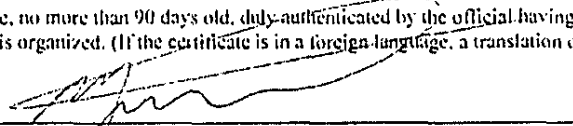
6. Rua Cachoeira, 70, Boa Vista  
Joinville, SC, Brazil 89205-070  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:  
*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 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) *Jennifer Parks, Assistant Secretary*

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Marcelo Juliano Merkle, Manager, Rua Cachoeira, 70, Boa Vista, Joinville, SC, Brazil 89205-070

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  
Marcelo Juliano Merkle  
\_\_\_\_\_  
Typed or printed name of signee

2016 MAY 17 A 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BF NORTH AMERICA, 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 SEVENTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BF NORTH AMERICA, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2016.



5971683 8300

SR# 20163314294

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202332694

Date: 05-17-16