

MIL6000007928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

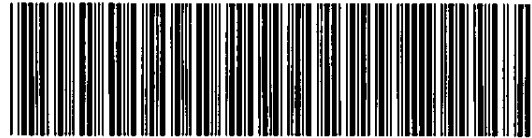
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Cherton Cardoso gave
Remission to correct
name to match certificate
nfm 10/4/16

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16 OCT -3 AM 10:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 05 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

RT-SERVICOS DE ENFERMAGEM LTDA - ME

SUBJECT: _____
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:

CLEITON CARDOSO

Name of Person
DOMINIUM CONSULTING SERVICES, LLC

Firm/Company
6965 PIAZZA GRANDE AVE UNIT 206

Address
ORLANDO-FL-32835

City/State and Zip Code
CLEITON@DOMINIUMCS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO **407** **374-2329**

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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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:

RT-SERVICOS DE ENFERMAGEM LTDA - ME, LLC

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

GOLD CARE FLORIDA, 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.")

SAO BERNARDO DO CAMPO-SP-BRAZIL

13.300.325/0002-12 (BRAZILIAN FEI Number)

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

N/A

3. _____
(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. _____
6965 PIAZZA GRANDE AVE UNIT 206
(Street Address of Principal Office)

ORLANDO-FL-32835

6. _____
CLEITON@DOMINIUMCS.COM
(Mailing Address)

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

Name: DOMINIUM CONSULTING SERVICES, LLC

Office Address: 6965 PIAZZA GRANDE AVE UNIT 206

ORLANDO

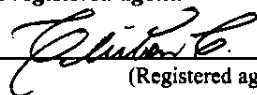
(City)

, Florida 32835

(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.



09/22/16

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ROBERTA SCARPA DA SILVA-AMBR-R. Ana Pimentel 34-Sao Bernardo do Campo-SP-09725-090-Brazil

TATIANE CORREA GAROFALO-AMBR-R. Progresso 191-Sao Bernardo do Campo-SP-09780-130-Brazil

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)

DocuSign by:

Roberta Scarpa da Silva

22/09/2016

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.

Roberta Scarpa da Silva

Typed or printed name of signee

FILED
16 OCT -3 AM 10:53
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Comprovante de Inscrição e de Situação Cadastral

Contribuinte,

Confira os dados de Identificação da Pessoa Jurídica e, se houver qualquer divergência, providencie junto à RFB a sua atualização cadastral.

 REPÚBLICA FEDERATIVA DO BRASIL CADASTRO NACIONAL DA PESSOA JURÍDICA		
NÚMERO DE INSCRIÇÃO 13.300.325/0002-12 FILIAL	COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL	DATA DE ABERTURA 09/08/2016
NOME EMPRESARIAL RT-SERVICOS DE ENFERMAGEM LTDA - ME		
TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA) *****		
CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL 87.12-3-00 - Atividades de fornecimento de infra-estrutura de apoio e assistência a paciente no domicílio		
CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS Não informada		
CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA 224-0 - SOCIEDADE SIMPLES LIMITADA		
LOGRADOURO RUA PIAZZA GRANDE	NÚMERO 6965	COMPLEMENTO
CEP	BAIRRO/DISTRITO UNIDADE 206	MUNICÍPIO ORLANDO
ENDEREÇO ELETRÔNICO CONTATO@GOLD-CARE.COM	TELEFONE	
ENTE FEDERATIVO RESPONSÁVEL (EFR) *****		
SITUAÇÃO CADASTRAL ATIVA	DATA DA SITUAÇÃO CADASTRAL 09/08/2016	
MOTIVO DE SITUAÇÃO CADASTRAL		
SITUAÇÃO ESPECIAL *****	DATA DA SITUAÇÃO ESPECIAL *****	

16 OCT -3 AM 10:53
FILED

Aprovado pela Instrução Normativa RFB nº 1.470, de 30 de maio de 2014.


Emitido no dia **30/08/2016** às **11:34:53** (data e hora de Brasília).

Página: 1/1

Proof of Enrollment and Registration Status

Taxpayer,

Check the identification data of Legal Entities and if there is any discrepancy, provide by the RFB your registration update.

		FEDERAL REPUBLIC OF BRAZIL NATIONAL REGISTER OF LEGAL ENTITIES	
REGISTRATION NUMBER 13.300.325/0002-12 BRANCH	REGISTRATION PROOF AND REGISTRATION STATUS		OPENING DATE 08/09/2016
BUSINESS NAME RT-SERVICOS DE ENFERMAGEM LTDA - ME			
ESTABLISHMENT TITLE (FICTITIOUS NAME) *****			
CODE AND DESCRIPTION OF THE MAIN ECONOMIC ACTIVITY 87.12-3-00 - providing activities to support infrastructure and assistance to patients at home			
CODE AND DESCRIPTION OF ECONOMIC ACTIVITIES SECONDARY Unknown			
CODE AND DESCRIPTION OF THE LEGAL STATUS 224-0 - SINGLE COMPANY LIMITED			
PUBLIC PLACE PIAZZA GRANDE AVE		NUMBER 6965	COMPLEMENT
ZIP CODE	NEIGHBORHOOD / DISTRICT UNIT 206	CITY ORLANDO	State FL
E-MAIL CONTATO@GOLD-CARE.COM		PHONE	
FEDERATIVE RESPONSIBLE (EFR) *****			
REGISTRATION STATUS ACTIVE		DATE OF REGISTRATION STATUS 08/09/2016	
REASON OF REGISTRATION SITUATION			
SPECIAL SITUATION *****		DATE OF THE SPECIAL SITUATION *****	

FILED

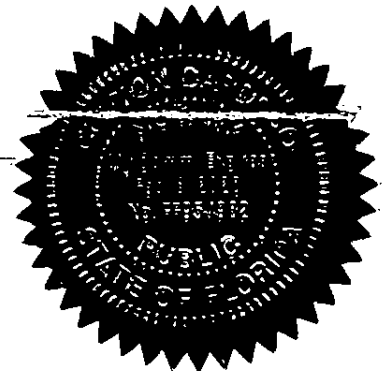
16 OCT 3 AM 10:53
STATE
TREASURY
FLORIDA

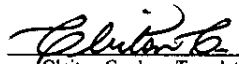
Approved by the Normative Instruction RFB No. 1,470, of May 30, 2014.

Issued on 08/30/2016 at 11:34:53 (date and time GMT).

Page: 1/1

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 09/14/16
 Cleiton Cardoso-Translator
 DOMINIUM CONSULTING SERVICES
 407-7609614

I, Cleiton Cardoso, do hereby certify that this document is a true translation of the attached document from the Portuguese language to the English language, done to the best of my knowledge and belief.

