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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DRUMMOND CPA LLC
Account Number : I20150000129
Phone : (781)770-0005
Fax Number : (866)550-6705

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 Limited Liability Company
Caremundi LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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APR 07 2017

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

IN COMPLIANCE WITH SECTION 605.09, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Caremundi LLC
(Name of foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Caremundi 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
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-0971615
(FEI number, if applicable)
4. 03/22/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 601 Brickell Key Drive, Suite 901
Miami, Florida 33131
(Street Address of Principal Office)
6. 601 Brickell Key Drive, Suite 901
Miami, Florida 33131
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: DRUMMOND CPA LLC
Office Address: 601 BRICKELL KEY DRIVE, SUITE 901
MIAMI, Florida 33131
(City) (Zip code)

Registered agent's acceptance:

I, 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.

[Signature]
(Registered agent's signature)

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

Andre Cristiano Di Donato, Manager Member, Alameda Corvina, 832, Res 11, Alphaville, Santana de Parnaiba,
06340-325, 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)

[Signature]
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.

Andre Di Donato

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CARENUNDI 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 THIRD DAY OF APRIL, A.D. 2017.

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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Date: 04-03-17