· / ^ .	A TA K
	8000001212
	800001418

(Requestor's Name)			
(Ad	ldress)		
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
_	_	—	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(,	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Elling Officer	·]	
Special instructions to	Hing Oncer.		
		1	



FILED 18 AUG - 6 AM 8: 03 CECKETART OF STATE TALLAHASSEE, FLORDA

18 AUG -6 PH 1: 57

Office Use Only

O SIMMONS AUG 0 7 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

, , , ,

. .

	ACCOUNT NO.	: 12000000195
	REFERENCE	: 310403 8117699
	AUTHORIZATION	
	COST LIMIT	: Ex125.00 man
ORDER DATE :	July 18, 2018	
ORDER TIME :	11:49 AM	

- ORDER NO. : 310403-001
- CUSTOMER NO: 8117699

FOREIGN FILINGS

NAME: AGORA FINANCIAL BRAZIL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section TO: **Division of Corporations**

. . .

.

SUBJECT: AGORA FINANCIAL BRAZIL, LLC

Name of Limited Liability Company

I

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:

Andrea 1	N. Ansah				
	Name of Person				
<u> </u>	F	rm/Company	······································		
1217 Sair	nt Paul ST				
, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Address			
Baltimore	, MD, 21202				
<u> </u>	City/State and Zip Code				
aansah@^					
<u></u>	E-mail address: (to be use	d for future annual report	notification)		
For further information concerning	ng this matter, please call:				
Andrea N.	Ansah	41087	/8-3403		
Name	of Contact Person	Area Code E	Daytime Telephone Number		
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	-	Division Regist Cliftor 2661 B	ET ADDRESS: on of Corporations ration Section t Building Executive Center Circle assee, FL 32301		
Enclosed is a check for the follow	wing amount: D \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee &			

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:

, AGORA FINANCIAL BRAZIL, LLC

	ne adopted for the purpose of transacting business in f	boids. The alternate name must include	e "Limited Liability Company," "L.I. C." or "LLC.")
	ic scoped for the purpose of manacing beamess of t		
Maryland	h foreign limited liability company is organized)	3. <u>N/A</u>	() Et number, if applicable)
(Jurbascion under the law of which	ar torcigar maneral manerally company is organized?		
			_
	(Date first transacted business in Florida, if prior i (See sections 605.0904 & 605.0905, F'S to deter	io registration.) mine penalty hability)	王治 8
808 St. Paul, ST		6. 1217 Saint Pa	ul ST CS z
(Street Address of Pri	ncipal Office)		(Mailing Address)
Baltimore, MD, US, 2	1202	Baltimore, MD	US, 21202-2705
			m units of m
Manual and streat address	of Florida registered agent: (P.O. Be	w NOT acceptable)	1 8: 04 1.08104
ivame and <u>street address</u>			計画の
Name:	Corporation Service Company		7* 5
	1201 Hays Street		
Office Address:	1201112920000		
	Tallahassee	Florido	32301
		, Fiorida _	· · · · · ·
	(Cay)	, Honda _	32301 (Zip code)
egistered agent's accepts	(Cuy)		
aving been named as reg	(Cuy) ance: istered agent and to accept service of on. I hereby accept the appointment	f process for the above sta as registered agent and ap	ted limited liability company at the place gree to act in this capacity. I further agre
aving been named as reg esignated in this applicati comply with the provisio	(Cay) ance: istered agent and to accept service of on, I hereby accept the appointment ons of all statutes relative to the prop.	f process for the above sta as registered agent and ap	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with
aving been named as reg esignated in this applicati comply with the provisio	(Cuy) ance: istered agent and to accept service of on. I hereby accept the appointment	f process for the above sta as registered agent and ap	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner
aving been named as reg esignated in this applicati comply with the provisio	(Cay) ance: istered agent and to accept service of on, I hereby accept the appointment ons of all statutes relative to the prop.	f process for the above sta as registered agent and ap	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with
aving been named as reg esignated in this applicati comply with the provisio	(Cay) ance: istered agent and to accept service of on, I hereby accept the appointment ons of all statutes relative to the prop.	f process for the above sta as registered agent and ag er and complete performant	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner
aving been named as reg esignated in this applicati comply with the provisio nd accept the obligations	(Cuy) istered agent and to accept service of on, I hereby accept the appointment ons of all statutes relative to the prop- of my position as registered agent. Registered agent (Registered agent	f process for the above sta as registered agent and ag er and complete performation (* sugnature)	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside
aving been named as reg esignated in this applicati comply with the provisio nd accept the obligations . The name, title or capac	(Cay) ance: istered agent and to accept service of on, I hereby accept the appointment ins of all statutes relative to the prop- of my position as registered agent. (Registered agent (Registered agent stity and address of the person(s) who	f process for the above stat as registered agent and ag er and complete performan (* sugnature) has/have authority to mana	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:
aving been named as reg esignated in this applicati comply with the provisio nd accept the obligations	(Cay) ance: istered agent and to accept service of ion, I hereby accept the appointment of my position as registered agent. Construction as registered agent. (Registered agent (Registered agent stity and address of the person(s) who <u>Name and Address</u> :	f process for the above sta as registered agent and ag er and complete performation (* sugnature)	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:
aving been named as reg esignated in this applicati comply with the provisio nd accept the obligations . The name, title or capac	(Cuy) ance: istered agent and to accept service of ion, I hereby accept the appointment of my position as registered agent. (Registered agent (Registered agent ity and address of the person(s) who <u>Name and Address:</u> Robert Compton Jr.	f process for the above stat as registered agent and ag er and complete performan (* sugnature) has/have authority to mana	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:
aving been named as reg signated in this applicati comply with the provisio ad accept the obligations . The name, title or capac <u>Title or Capacity</u> :	(Cuy) ance: istered agent and to accept service of ion, I hereby accept the appointment of all statutes relative to the prop- of my position as registered agent. (Registered agent (Registered agent ity and address of the person(s) who <u>Name and Address:</u> Robert Compton Jr. 1217 Sam Pase 81	f process for the above stat as registered agent and ag er and complete performan (* sugnature) has/have authority to mana	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:
aving been named as reg esignated in this applicati comply with the provisio nd accept the obligations . The name, title or capac <u>Title or Capacity:</u>	(Cuy) ance: istered agent and to accept service of ion, I hereby accept the appointment of my position as registered agent. (Registered agent (Registered agent ity and address of the person(s) who <u>Name and Address:</u> Robert Compton Jr.	f process for the above stat as registered agent and ag er and complete performan (* sugnature) has/have authority to mana	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:
aving been named as reg esignated in this applicati comply with the provisio ad accept the obligations . The name, title or capac <u>Title or Capacity:</u> <u>CFO</u>	(Cuy) ance: istered agent and to accept service of on, I hereby accept the appointment ins of all statutes relative to the prop- of my position as registered agent. (Registered agent (Registered agent ity and address of the person(s) who <u>Name and Address:</u> <u>Robert Compton Jr.</u> 1217 Saint Paul 61 Batterner WD 21202	f process for the above stat as registered agent and ag er and complete performan (* sugnature) has/have authority to mana	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:
aving been named as reg esignated in this applicati comply with the provisio nd accept the obligations . The name, title or capac <u>Title or Capacity:</u>	(Cuy) ance: istered agent and to accept service of ion, I hereby accept the appointment of all statutes relative to the prop- of my position as registered agent. (Registered agent (Registered agent ity and address of the person(s) who <u>Name and Address:</u> Robert Compton Jr. 1217 Sam Pase 81	f process for the above stat as registered agent and ag er and complete performan (* sugnature) has/have authority to mana	ted limited liability company at the place gree to act in this capacity. I further agro nce of my duties, and I am familiar with Roxanne Turner Asst. Vice Preside ge is/are:

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

10. 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.

Robert Compton Jr.

Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE. AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AGORA FINANCIAL BRAZIL, LLC (W18452805), REGISTERED DECEMBER 15, 2017, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 24, 2018.

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: moVHvB37r0WaT1b99Pw65w To verify the Authentication Code, visit http://dat.maryland.gov/verify

COVER LETTER

TO: Registration Section Division of Corporations

. . . .

.

SUBJECT: AGORA FINANCIAL BRAZIL, 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:

Andrea N. A	nsah				
	Name of Person				
	Fi	ти/Сотралу			
1217 Saint P	aul ST				
		Address			
Baltimore, MI	D, 21202				
4. 4	City/State and Zip Code				
aansah@14w	est.us				
<u>——</u> Е-г	nail address: (to be use	for future annual report	rt notification)		
For further information concerning this	s matter, please call:				
Andrea N. An	isah	4108	78-3403		
Name of Co	niact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Reg Clift 266	tEET ADDRESS: sion of Corporations istration Section on Building 1 Executive Center Circle ahassee, FL 32301		
	mount: \$130.00 Filing Fee & rtificate of Status	St55.00 Filing Fee Certified Copy	• ▲ □ \$160.00 Filing Fee, Certificate of Status & Certified Copy		