

M21000010538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

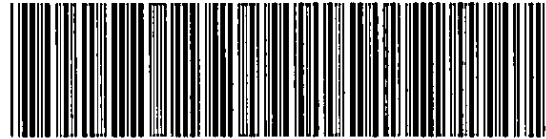
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 AUG 10 AM 9:48

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.S 2 PATRIMONIAL 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:

ELAINE OLIVEIRA

Name of Person

GENESIS TAX HOUSE

Firm/Company

411 SE MIZNER BLVD STE 72

Address

BOCA RATON, FL 33432

City/State and Zip Code

ANA@GRYPHUS.US

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

For further information concerning this matter, please call:

ELAINE OLIVEIRA

954

782-4000

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. A.S 2 PATRIMONIAL LTDA
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

A.S 2 Patrimonial 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. BRAZIL 3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 7520 NW 104TH AVE STE 103-336 6. SAME AS PRINCIPAL
(Street Address of Principal Office) (Mailing Address)

DORAL, FLORIDA
33178

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

Name: JULIANA SOARES
Office Address: 7520 NW 104TH AVE STE 103-336
DORAL, Florida 33178
(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.

Juliana Soares
(Registered agent's signature)

2021 MAR 19 PM 9:48
FILED
MAR 19 2021
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: JULIANA SOARES	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7520 NW 104TH AVE	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	STE 103-336 DORAL, FL 33160	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.



Signature of an authorized person

JULIANA SOARES

Typed or printed name of signer

TRANSLATION

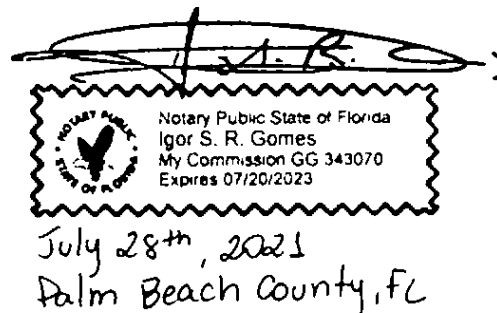
This is a true translation from Portuguese to English

FEDERATIVE REPUBLIC OF BRAZIL
National Corporation Registry Database

Registration Number: 24.244.921/0001-68 HEADQUARTER	PROOF OF ENROLLMENT AND REGISTRATION STATUS	Date: 02/23/2016
Company Name: A.S 2 PATRIMONIAL LTDA		
Fictitious Name (DBA): *****		
Code and Description of Principal Activity: 64.62-0-00 - HOLDINGS OF NON-FINANCIAL INSTITUTIONS		
Code and Description of Secondary Activity: Not Informed		
Code and description of the legal status: 206-2 - LIMITED LIABILITY COMPANY		
Address: AVE EPITACIO PESSOA	Number: 1600	Address Line 2: APT. 102 PART
Zip Code: 22.471-0003	District: LAGOA	City: RIO DE JANEIRO
State: RJ		
Email: ECAVALCANTE@KBINVESTPAR.COM.BR	Telephone: (21) 2511-1733	
Federal Entity Responsible (EFR): *****		
Status: ACTIVE	Date of filing: 02/23/2016	
Reason of status:		
Special status: *****	Date of Special Status: *****	

Approved by Normative Instruction RFB #1.863 of December 27th, 2018
Issued on JULY 27th, 2021 at 15:46:08 (date and time of Brasilia)

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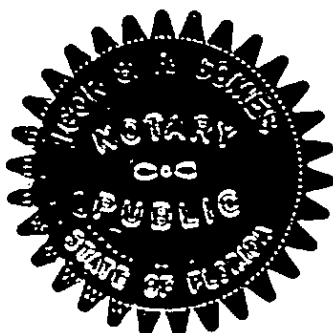


		REPÚBLICA FEDERATIVA DO BRASIL	
CADASTRO NACIONAL DA PESSOA JURÍDICA			
NUMERO DE INSCRIÇÃO 24.244.921/0001-68 MATRIZ	COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL		DATA DE ABERTURA 23/02/2016
NOME EMPRESARIAL A.S 2 PATRIMONIAL LTDA			
TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA) *****			PCPTE DEMAIS
CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL 64.62-0-00 - Holdings de instituições não-financeiras			
CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS Não informada			
CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA 206-2 - Sociedade Empresária Limitada			
LOGRADURO AV EPITACIO PESSOA	NUMERO 1600	COMPLEMENTO APTO. 102 PARTE	
CEP 22.471-003	BARRIO/DISTRITO LAGOA	MUNICIPIO RIO DE JANEIRO	UF RJ
ENDEREÇO ELETRÔNICO ECAVALCANTE@KBINVESTPAR.COM.BR		TELEFONE (21) 2511-1733	
ENTE FEDERATIVO RESPONSÁVEL (EFR) *****			
SITUAÇÃO CADASTRAL ATIVA		DATA DA SITUAÇÃO CADASTRAL 23/02/2016	
MOTIVO DE SITUAÇÃO CADASTRAL			
SITUAÇÃO ESPECIAL *****		DATA DA SITUAÇÃO ESPECIAL *****	

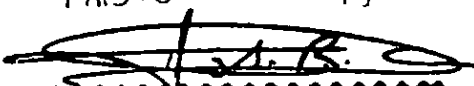
Aprovado pela Instrução Normativa RFB nº 1.863, de 27 de dezembro de 2018.

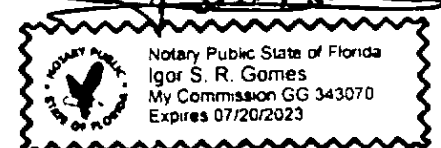
Emitido no dia 27/07/2021 às 15:46:08 (data e hora de Brasília).

Página: 1/1



This is a true copy.





July 28th, 2021
Palm Beach County, FL