

M210000014384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

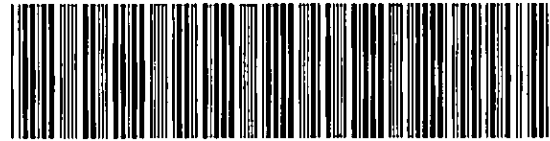
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

SL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PR INVESTMENTS USA 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:

RENAN RODRIGUES

\_\_\_\_\_  
Name of Person

CSG - CAPITAL SERVICES GROUP INC

\_\_\_\_\_  
Firm/Company

6735 CONROY RD UNIT 305

\_\_\_\_\_  
Address

ORLANDO, FL 32835

\_\_\_\_\_  
City/State and Zip Code

RENAN@THEWAYGROUP.BIZ

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

For further information concerning this matter, please call:

RENAN RODRIGUES

407

770-5776

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. PR INVESTMENTS USA, LLC.  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

PR RE INVESTMENTS USA 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. 87-2654009  
(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. 1000 N. WEST STREET  
(Street Address of Principal Office)

6. 6735 CONROY RD UNIT 305  
(Mailing Address)

SUITE 1501, CITY OF WILMINGTON

ORLANDO, FL

19801

32835

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

Name: CSG - CAPITAL SERVICES GROUP INC

Office Address: 6735 CONROY RD UNIT 305

ORLANDO, Florida 32835  
(City) (Zip code)

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TALLAHASSEE, FL

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)

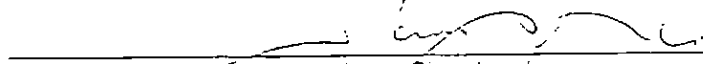
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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:    | MARINEIA REKSIEDLER            |  | <input checked="" type="checkbox"/> Manager | Name:    | PETERSON REKSIEDLER            |  |
| <input checked="" type="checkbox"/> Member  | Address: | 6735 CONROY RD UNIT 305        |  | <input checked="" type="checkbox"/> Member  | Address: | 6735 CONROY RD UNIT 305        |  |
| <input type="checkbox"/> Authorized         |          | ORLANDO, FL 32835              |  | <input type="checkbox"/> Authorized         |          | ORLANDO, FL 32835              |  |
| 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  
  
MARCOS REZENDE  
\_\_\_\_\_  
Typed or printed name of signer

**CERTIFICATE OF FORMATION**

**OF**

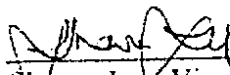
**PR INVESTMENTS USA LLC**

This Certificate of Formation of PR INVESTMENTS USA LLC (the "Company"), is being executed by the undersigned for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act.

1. The name of the Company is PR INVESTMENTS USA LLC.
2. The address of the registered office of the Company in Delaware is c/o 1000 N. West Street, Suite 1501, City of Wilmington, New Castle County 19801.
3. The name and address of the Company's registered agent is Delaware Corporations LLC, 1000 N. West Street, Suite 1501, City of Wilmington, New Castle County 19801.

**IN WITNESS WHEREOF**, the undersigned, an authorized person, has caused this Certificate of Formation to be duly executed as of the 14<sup>th</sup> day of September, 2021.

**Delaware Corporations LLC**  
Authorized Person

By:   
Shauna Lee, Vice President

# Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PR INVESTMENTS USA 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PR INVESTMENTS USA LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



  
Jeffrey W. Bullock, Secretary of State

6232659 8300

SR# 20213604624

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

Authentication: 204501717

Date: 10-25-21