

M22000003563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

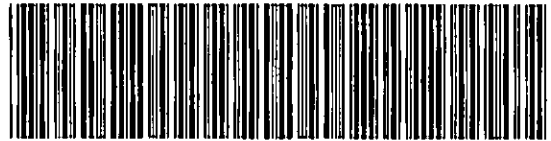
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB 18 PM 2:09
S. ROBERTS
TALLAHASSEE, FL

S. ROBERTS

FEB 18 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Apex Capital Specialists 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:

FABIO RENATO RIBEIRO

Name of Person

FABIO RENATO RIBEIRO

Firm/Company

R PADRE ANCHIETA 121, CENTRO

Address

ASSIS/SAO PAULO . zip code: 19.800-310

City/State and Zip Code

APEXCAPITALALLIANCE@GMAIL.COM

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

For further information concerning this matter, please call:

FABIO RENATO RIBEIRO

55-18

981236111

Name of Contact Person

at (_____) _____

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. APEX CAPITAL SPECIALISTS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

APEX CAPITAL SPECIALISTS 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 3818 NW 25TH TERRACE
(Street Address of Principal Office)

6. 3818 NW 25TH TERRACE
(Mailing Address)

GAINESVILLE, FL

GAINESVILLE, FL

32605

32605

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

Name: ISAAC SENNA LEITE

Office Address: 3818 NW 25TH TERRACE

GAINESVILLE, Florida 32605
(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.

Isaac Leite

(Registered agent's signature)

FILED
2022 FEB 18 PM 2:09
TALLAHASSEE, FL

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: FABIO RENATO RIBEIRO

☐ Member Address: 3818 NW 25TH TERRACE

☐ Authorized GAINESVILLE, FL

32605

 Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: ISAAC SENNA LEITE

☐ Member Address: 3818 NW 25TH TERRACE

☐ Authorized GAINESVILLE, FL

32605

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: VIVIAN SETTE RIBEIRO

☐ Member Address: 3818 NW 25TH TERRACE

☒ Authorized GAINESVILLE, FL

32605

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: RUTH SENNA

☐ Member Address: 3818 NW 25TH TERRACE

☒ Authorized GAINESVILLE, FL

32605

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ Other _____ ☐ 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.

Isaac Leite

Signature of an authorized person

ISAAC S. LEITE

Typed or printed name of signee



FEDERATIVE REPUBLIC OF BRAZIL
NATIONAL REGISTRY OF LEGAL ENTITIES

REGISTRATION NUMBER 42.226.055/0001-64 MATRIZ	CERTIFICATE OF REGISTRATION AND CORPORATE FILING	DATE OF FILING 06/07/2021
NAME OF REGISTERED AGENT FABIO RENATO RIBEIRO		
TITLE OF THE ENTITY (FICTITIOUS NAME) *****		TYPE OF BUSINESS ENTITY ME - (Small Business)
DESIGNATION AND DESCRIPTION OF ENTITY'S PRIMARY BUSINESS ACTIVITY 70.20-4-00 - Business management consulting activities, excluding specific technical consulting		
DESIGNATION AND DESCRIPTION OF ENTITY'S SECONDARY BUSINESS ACTIVITIES Not Applicable		
DESIGNATION AND DESCRIPTION OF ENTITY'S LEGAL BUSINESS STRUCTURE 213-5 - Unincorporated Enterprise (Sole Proprietorship)		
STREET ADDRESS R. PADRE ANCHIETA	NUMBER 121	COMPLIMENT (Suite, Apt #, etc) *****
ZIP CODE 19.800-310	COUNTY/DISTRICT CENTRO	MUNICIPALITY ASSIS
E-MAIL ADDRESS AUXCONTABILVIRTUAL@GMAIL.COM		STATE SP
TELEPHONE (18) 3323-7771		
RESPONSIBLE FEDERAL ENTITY (EFR) *****		
REGISTRATION STATUS ACTIVE	EFFECTIVE DATE OF REGISTRATION 06/07/2021	
PURPOSE OF EFFECTIVE DATE		
SPECIAL PROVISION *****		DATE OF SPECIAL PROVISION *****

Approved by the Administrative Code "RFB nº 1.863, of 27 of December 2018".

Issued on 06/08/2021 at 16:51:32 (date and hour of Brasília).

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I declare under penalty of perjury, this to be a true and accurate translation from Portuguese into English.

 July, 23 2021.
Ruth G. Senna - ATA - American Transl. Assoc. # 239419



REPÚBLICA FEDERATIVA DO BRASIL

CADASTRO NACIONAL DA PESSOA JURÍDICA

NÚMERO DE INSCRIÇÃO 42.226.055/0001-64 MATRIZ	COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL	DATA DE ABERTURA 07/06/2021
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NOME EMPRESARIAL FABIO RENATO RIBEIRO
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TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA) *****	PORTE ME
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CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL 70.20-4-00 - Atividades de consultoria em gestão empresarial, exceto consultoria técnica específica
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CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS Não informada

CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA 213-5 - Empresário (Individual)
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LOGRADOURO R PADRE ANCHIETA	NÚMERO 121	COMPLEMENTO *****
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CEP 19.800-310	BAIRRO/DISTRITO CENTRO	MUNICÍPIO ASSIS	UF SP
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ENDEREÇO ELETRÔNICO AUXCONTABILVIRTUAL@GMAIL.COM	TELEFONE (18) 3323-7771
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ENTE FEDERATIVO RESPONSÁVEL (EFR) *****
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SITUAÇÃO CADASTRAL ATIVA	DATA DA SITUAÇÃO CADASTRAL 07/06/2021
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MOTIVO DE SITUAÇÃO CADASTRAL

SITUAÇÃO ESPECIAL *****	DATA DA SITUAÇÃO ESPECIAL *****
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Aprovado pela Instrução Normativa RFB nº 1.863, de 27 de dezembro de 2018.

Emitido no dia 08/06/2021 às 16:51:32 (data e hora de Brasília).

Página: 1/1