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COVER LETTER

TO:

Registration Section Division of Corporations

	Nam	e of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease return al	I correspondence concerning this matter (o the following:
	MICHEL DE AMORIM	
		Name of Person
	Drummond Consulting LLC	
		Firm/Company
	601 Brickell Key Drive, Suite 901	
		Address
	MIAMI, FL 33131	
	C	City/State and Zip Code
	compliance@drummondadvisors.com	
	E-mail address: (to be	e used for future annual report notification)
For further info	ormation concerning this matter, please ca	П:
Mich	el de Amorim	781 770 0005
	Name of Contact Person	Area Code Daytime Telephone Number
Regis	ng Address: stration Section	Street Address: Registration Section
		Division of Corporations The Centre of Tallahassee
Tallahassee, F1, 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	sed is a check for the following amount: make check payable to: FLORIDA DEF	

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

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA: POOL DRUMMOND VENTURES BR I PARTICIPAÇÕES LTDA LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C., 'or "LLC.") If name mavailable, 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," or "L (Iurisdiction under the law of which foreign limited liability company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905 F.S. to determine penalty liability.) 601 Brickell Key Drive Suite 901 601 Brickell Key Drive Suite 901 (Street Address of Principal Office) Miami, Florida 33131 Miami, Florida 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Drummond Consulting LLC Name: 601 Brickell Key Drive Suite 901 Office Address: Miami (City) 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.

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:	Title or Capacit	<u>ty:</u>	Name and Address:
□Manager	Name: Michel de Amorim	□Manager	Name:	<u></u>
■Member	Address: 601 Brickell Key Drive Ste 901	□Member	Address:	
□Authorized	MIAMI, FL 33131	□Authorized		
Person		Person		
□Other		□Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		\Box Authorized		
Person		Person		
□Other	□Other	□Other		Other 2
□Manager	Name:	□Manager	Name:	FEB 28
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		P. S. D.
Person		Person		7
□Other		□Other		□Other

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.

That soft			
-	Signature of an authorized person		
Michel de Amorim, Member			
	Exped or printed name of surner		

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REPÚBLICA FEDERATIVA DO BRASIL

	CADASTRO NACIONAL	DA PESSOA JURIDICA
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Aprovado pela Instrução Normativa RFB nº 1.863, de 27 de dezembro de 2018.

Emitido no dia 09/02/2022 às 18:31:13 (data e hora de Brasília).

Página: 1/1



ANTONIO DARI ANTUNES ZHBANOVA

Tradutor Público e Intérprete Comercial — Certified Public Translator Idioma/Language: Inglés - Portugués / English - Portuguese Matricula Jucepe/Jucepe Registration: 406 - CPF 756.770.758-68

Rua Princesa Isabel Nº 206 — Aloisio Pinto — Garanhuns (PE) CEP: 55.292-210
Telefone/Phone +55 87 99954-2519 e-mail: dari.zhbanova@gmail.com

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Electronic Add BDRUMMONI		NDADVISC	ORS.COM		Telep +55 (hone 11) 3567-41	61	
RESPONSIBL	E FEDERAL I	ENTITY (E	FR)					
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Approved by the Normative Instruction RFB nº 1.863, of december 27, 2018.

Issued on 02/09/2022 at 06:31:13 p.m. (date and hour of Brasilia).



ANTONIO DARI ANTUNES ZHBANOVA

Tradutor Público e Intérprete Comercial - Certified Public Translator Idioma/Language: Inglês - Portuguès / English - Portuguese Mauricula Jucepe/Jucepe Registration: 406 - CPF 756.770.758-68

Rua Princesa Isabel Nº 206 - Aloisio Pinto - Garanhuns (PE) CEP: 55.292-210

Telefone/Phone +55 87 99954-2519 e-mail: dari.zhbanova@gmail.com

Livro Nº Book No 406

Página Nº

Tradução Nº

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Page No Translation No

NOTHING ELSE was contained in said original, which I return with this faithful translation. In WITNESS WHEREOF, have hereunto set my hand and seal of office_this February 15, 2022.

1557

7º TABELIAO ANTON

ANTONIO DARI ANTUNE Sworn/Translat

> Rua Benjamin Constant, 177 - CEP 01005 of São Paulo/SP - PADX; (11) 32924 400

ROWILLIO N - MONTOS COLIZ - NOOV BONGOTO DO E VILL

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized	Person			
POOL DRUMMOND VENTURES BR I PARTICIPACOES LTDA				
(Name of Limited Liability Company)	 ,			
a limited liability company duly organized and existing under th	e laws of			
Brazil				
(State or Country of Organization)				
Because the name of this foreign limited liability company does	not satisfy the			
requirements of the s. 605.0112, F.S., the limited liability compa	any hereby adopts the			
following name to transact business in the state of Florida:				
POOL DRUMMOND VENTURES BR I PARTICIPAC	COES LTDA LLC			
(Name to be used by limited liability company in Florida, NOTE: Name must contain Company, L. L.C., or LLC.)	n Limited Liability			
Tell selling	02/10/2022			
Signature Authorized Person Michel de Amorim, Member	Date			

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorize	ed Person
POOL DRUMMOND VENTURES BR I PARTICIPAGE	COES LTDA
of(Name of Limited Liability Company)	
a limited liability company duly organized and existing under	the laws of
Brazil	
(State or Country of Organization)	
Because the name of this foreign limited liability company doe	es not satisfy the
requirements of the s. 605.0112, F.S., the limited liability com	pany hereby adopts the
following name to transact business in the state of Florida:	
POOL DRUMMOND VENTURES BR I PARTICIPA	ACOES LTDA LLC
(Name to be used by limited liability company in Florida. NOTE: Name must cont Company, L.IC., or LI.C.)	ain Limited Liability
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Signature Authorized Person Michel de Amorim, Member	Date