

M22000005882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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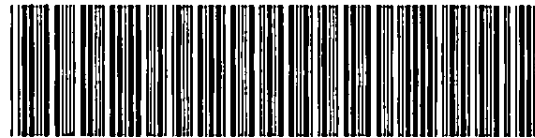
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAX TECHNOLOGY 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:

VICKY ALVAREZ

Name of Person

CARIBROS LLC

Firm/Company

299 ALHAMBRA CIRCLE STE 403

Address

CORAL GABLES, FL 33134

City/State and Zip Code

vicky@caribros.com

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

For further information concerning this matter, please call:

Vicky Alvarez

305

479-3265

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. DAX TECHNOLOGY LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. 35-2537294

(FEL 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. 299 Alhambra Circle Ste 403

(Street Address of Principal Office)

6. Same as Principal office

(Mailing Address)

Coral Gables, FL 33134

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

Name: Fernando Cariello

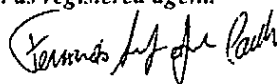
Office Address: 299 Alhambra cir - suite 403

Coral Gables, Florida 33134
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:	Eduardo Galassi Cunha		<input checked="" type="checkbox"/> Manager	Name:	Wladimir Fernandes de Rezende	
<input checked="" type="checkbox"/> Member	Address:	R Joao Severiano R. da Cunha, 879 #66		<input checked="" type="checkbox"/> Member	Address:	Av dos Jardins, 250 Primulas70	
<input type="checkbox"/> Authorized		Uberlandia, Minas Gerais		<input type="checkbox"/> Authorized		Uberlandia, Minas Gerais	
Person		38411-178 Brazil		Person		38412-639 Brazil	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Ederson Machado de Lima		<input type="checkbox"/> Manager	Name:	Margareth Barbara Senne Pinheiro	
<input checked="" type="checkbox"/> Member	Address:	Rua Rio Grande do Norte, 1813		<input checked="" type="checkbox"/> Member	Address:	Rua dos Pinheiros, 540	
<input type="checkbox"/> Authorized		Uberlandia, Minas Gerais		<input type="checkbox"/> Authorized		Uberlandia, Minas Gerais	
Person		38402-039 Brazil		Person		38412-102 Brazil	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Roberto Vieira Botelho		<input type="checkbox"/> Manager	Name:	Marcel Alberto Martinelli	
<input checked="" type="checkbox"/> Member	Address:	Avenida Cipriano Del Favero, 659		<input checked="" type="checkbox"/> Member	Address:	Rua Planalto, 120 - Ap. A-503	
<input type="checkbox"/> Authorized		Uberlandia, Minas Gerais		<input type="checkbox"/> Authorized		Uberlandia, Minas Gerais	
Person		38400-106 Brazil		Person		38408-064 Brazil	
<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.

Wladimir Fernandes de Rezende

Signature of an authorized person

Wladimir Fernandes de Rezende

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAX TECHNOLOGY 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 THIRTIETH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAX TECHNOLOGY LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2015.



5775165 8300

SR# 20221233035

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203050758

Date: 03-30-22