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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX HOUSE LLP
Account Number : I20150000069
Phone : (954)482-5000
Fax Number : (954)241-5600

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: state@taxhouse.us

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TALLAHASSEE, FLORIDA

2022 SEP 29 PM 4:51

Foreign Limited Liability Company
AMERICAN FARMA LTDA LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	$160.00

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T. LEMIEUX
SEP 30 2022

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. AMERICAN FARMA LTDA 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. FEDERATIVE REPUBLIC OF BRAZIL
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 520 WEST AVE UNIT 1202
MIAMI BEACH, FL 33139
(Street Address of Principal Office)

6. 520 WEST AVE UNIT 1202
MIAMI BEACH, FL 33139
(Mailing Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: TAX HOUSE CORPORATION

Office Address: 1100 S FEDERAL HWY

DEERFIELD BEACH (City), Florida 33441 (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.

_____
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: PAULO CORREA LAZERA JUNIOR	☐ Manager	Name:
☐ Member	Address: 520 WEST AVE UNIT 1202	☐ Member	Address:
☐ Authorized	MIAMI BEACH, FL 33139	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ 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.

PLC 5 1

Signature of an authorized person

PAULO CORREA LAZERA JUNIOR

Typed or printed name of signee

Proof of Registration and Status

Taxpayer,

Check out the identification data of the legal entity and, if there is any disagreement, provide by the RFB to your update.

FEDERATIVE REPUBLIC OF BRAZIL

NATIONAL REGISTER OF THE LEGAL ENTITY

REGISTRATION NUMBER	PROOF OF REGISTRATION AND STATUS	OPENING DATE
03.347.431/0001-17 MAIN OFFICE		08/17/1999

BUSINESS NAME
AMERICAN FARMA LTDA

TITLE OF THE ESTABLISHMENT (FANTASY)	TYPE
AMERICAN FARMA	VARIOUS

CODE AND DESCRIPTION OF THE MAIN ECONOMIC ACTIVITY
46.44-3-01 – Wholesale of medicines and medical drugs for human use

CODE AND DESCRIPTION OF THE SECONDARY ECONOMIC ACTIVITIES
52.11-7-99 – Storage of goods for third parties, except general warehouses and furniture storage
49.30-2-01 – Road transport of goods, except dangerous goods and moving, municipal
46.46-0-01 – Wholesale of cosmetics and perfumery products
46.37-1-99 – Wholesale specialized in other food products not previously specified
47.29-6-99 – Retail sale of food products in general or specialized in non-food products previously specified
49.30-2-02 – Road transport of cargo, except dangerous good and moving, intercity, interstate.

CODE AND DESCRIPTION OF THE LEGAL NATURE
206-2- Entrepreneur Society Limited

ADDRESS	NUMBER	ADD-1
ROD BR-316	S/N	KM 7 GALPAO02

ZIP CODE	NEIGHBORHOOD / DISTRICT	MUNICIPALITY	UF
67.020-000	AGUAS LINDAS	ANANINDEUA	SP

ELECTRONIC ADDRESS	PHONE
FISCAL@AMERICANFARMA.COM	(91) 9614-8644/ (91) 3210-3820

FEDERAL ENTITY RESPONSIBLE (EFR)
*****

STATUS	DATE OF REGISTRATION STATUS
ACTIVE	11/03/2005

REASON OF STATUS

SPECIAL SITUATION	DATE OF THE SPECIAL SITUATION
********	********

Approved by regulatory instruction RFB nº 1.863, 27 December 2018.

Issued on the day **09/29/2022 at 4:24:54** (date and local time).

COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL

Comprovante de Inscrição e de Situação Cadastral

Cidadão,

Confira os dados de Identificação da Pessoa Jurídica e, se houver qualquer divergência, providencie junto à RFB a sua atualização cadastral.

A informação sobre o porte que consta neste comprovante é a declarada pelo contribuinte.

REPÚBLICA FEDERATIVA DO BRASIL

CADASTRO NACIONAL DA PESSOA JURÍDICA

NÚMERO DE INSCRIÇÃO	COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL	DATA DE ABERTURA
83.347.431/0001-17 MATRIZ		17/08/1999

NOME EMPRESARIAL
AMERICAN FARMA LTDA

TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA)	PORTE
AMERICAN FARMA	DEMAIS

CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL
46.44-3-01 - Comércio atacadista de medicamentos e drogas de uso humano

CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS
52.11-7-99 - Depósitos de mercadorias para terceiros, exceto armazéns gerais e guarda-móveis
49.30-2-01 - Transporte rodoviário de carga, exceto produtos perigosos e mudanças, municipal.
46.48-0-01 - Comércio atacadista de cosméticos e produtos de perfumaria
46.37-1-89 - Comércio atacadista especializado em outros produtos alimentícios não especificados anteriormente
47.29-6-99 - Comércio varejista de produtos alimentícios em geral ou especializado em produtos alimentícios não especificados anteriormente
49.30-2-02 - Transporte rodoviário de carga, exceto produtos perigosos e mudanças, intermunicipal, interestadual e internacional

CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA
206-2 - Sociedade Empresária Limitada

LOGRADOURO	NÚMERO	COMPLEMENTO
ROD BR-316	S/N	KM 7 GALPAO02

CEP	BAIRRO/DISTRITO	MUNICÍPIO	UF
67.020-000	AGUAS LINDAS	ANANINDEUA	PA

CORREIO ELETRÔNICO	TELEFONE
FISCAL@AMERICANFARMA.COM	(91) 0614-4644 / (91) 3218-3820

ENTE FEDERATIVO RESPONSÁVEL (EFR)

SITUAÇÃO CADASTRAL	DATA DA SITUAÇÃO CADASTRAL
ATIVA	03/11/2005

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 29/09/2022 às 16:24:54 (data e hora de Brasília). Página: 1/1

CONSULTAR QSA | VOLTAR | IMPRIMIR

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COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL