

Dec 14 2022 10:05AM  
12/14/22, 1:00 PM

Division of Corporations

No. 6444 E. 1

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : 120160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
AWF INTERNATIONAL LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$130.00 |

S. ROBERTS

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DEC 15 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. AWF INTERNATIONAL LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. TEXAS

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

3. 85-1268996

(FBI number, if applicable)

4. 12/14/2022

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 5401 S KIRKMAN RD STE 135

(Street Address of Principal Office)

6. 5401 S KIRKMAN RD STE 135

(Mailing Address)

ORLANDO FL 32819

ORLANDO FL 32819

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

Name: US TAX CONSULTING INC

Office Address: 5401 S KIRKMAN RD STE 135

ORLANDO

(City)

32819

(Zip code)

2022 DEC 14 AM 9:43

## 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)

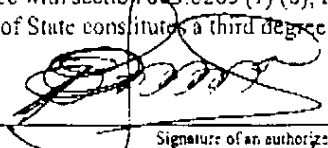
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                      | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                      |
|--|---|--|---|
| <input type="checkbox"/> Manager           | Name: <u>Eduardo Rodrigues do Carmo</u>       | <input type="checkbox"/> Manager           | Name: <u>Patricia Schulze do Carmo</u>        |
| <input checked="" type="checkbox"/> Member | Address: <u>Elisabeth-Selbert Strasse 36A</u> | <input checked="" type="checkbox"/> Member | Address: <u>Elisabeth-Selbert Strasse 36A</u> |
| <input type="checkbox"/> Authorized        | <u>Lohfelden HE 34253 DEU</u>                 | <input type="checkbox"/> Authorized        | <u>Elisabeth-Selbert Strasse 36A</u>          |
| Person                                     | _____   | Person                                     | _____   |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                               | <br><input type="checkbox"/> Manager       | <br>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 _____          |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                               | <br><input type="checkbox"/> Manager       | <br>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  
 Rodrigo Cavallante / Accountant

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

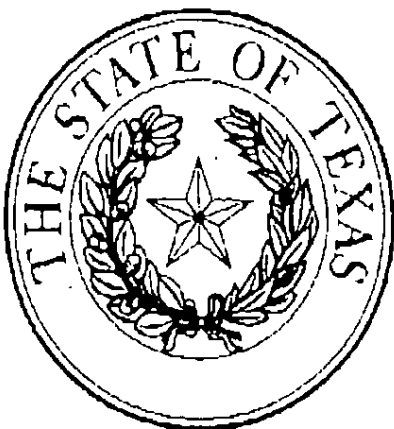
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AWF INTERNATIONAL LLC (file number 803631854), a Domestic Limited Liability Company (LLC), was filed in this office on May 28, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 08, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott  
Secretary of State