

M23000009734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

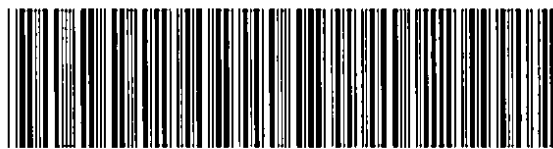
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600412854816

APPROVED  
AND  
FILED

2023 JUL 26 PM 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 JUL 26 PM 4:20

REGISTRAR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUL 26 2023

K. Brumblay

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 07/25/2023

**\*\*WALK IN\*\***

ENTITY NAME Brasil Plural Investment Advisor LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*S R J*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

# 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. Brasil Plural Investment Advisor 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.")

Delaware

82-1252653

2. (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 605.0904 & 605.0905, F.S. to determine penalty liability)

2601 S. Bayshore Drive,

2601 S. Bayshore Drive.

5. (Street Address of Principal Office)

6. (Mailing Address)

Suite 1205.

Suite 1205.

Coconut Grove, Florida 33133

Coconut Grove, Florida 33133

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

Name: Corporation Service Company

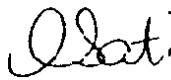
Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

APPROVED  
AND  
FILED  
2023 JUL 26 PM 7:00  
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]:

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

☒ Manager Name: Carlos Eduardo Omine

☐ Member Address: 2601 S. Bayshore Drive,

☐ Authorized Suite 1205,

Person Coconut Grove, Florida 33133

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Eraldo de Paola

☐ Member Address: 2601 S. Bayshore Drive,

☐ Authorized Suite 1205,

Person Coconut Grove, Florida 33133

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Victor Mecozzi

☐ Member Address: 2601 S. Bayshore Drive,

☐ Authorized Suite 1205,

Person Coconut Grove, Florida 33133

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: Manuel Fernandez

☐ Member Address: 950 Third Avenue

☐ Authorized Suite 1702

Person New York, New York 10022

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Daniel Sousa

☐ Member Address: 950 Third Avenue

☐ Authorized Suite 1702

Person New York, New York 10022

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Mozart Dornelles

☐ Member Address: 950 Third Avenue

☐ Authorized Suite 1702

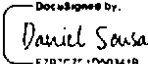
Person New York, New York 10022

☐ 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.

DocuSigned by:  
  
 Signature of an authorized person

Daniel Sousa

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRASIL PLURAL INVESTMENT ADVISOR 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 TWENTY-SIXTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRASIL PLURAL INVESTMENT ADVISOR LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6383208 8300

SR# 20233084866

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 203827383

Date: 07-26-23