

M230000012402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

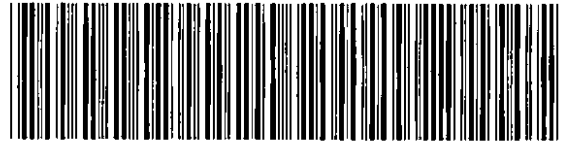
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000113985

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08/16/23--01026--006 **125.00

2023 SEP 12 PM 4:22

6.1.10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2023

ALAIANA MARY LUISA
1110 BRICKELL AVENUE, SUITE 310
MIAMI, FL 33131 US

SUBJECT: L&E INVESTMENT LLC
Ref. Number: W23000113985

We have received your document for L&E INVESTMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 023A00019365

RECEIVED
SEP 12 2023

RECEIVED
SEP 12 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L & E INVESTMENT 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:

Alaiana Mary Luisa

Name of Person

BGI Corporate Services (USA) LLC

Firm/Company

1110 Brickell Avenue, Suite 310

Address

Miami, FL 33131

City/State and Zip Code

MiamiOffice@boldergroup.com

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

For further information concerning this matter, please call:

Alaiana Mary Luisa

305

3733007

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. L & E INVESTMENT 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. EIN 37-2046416

(FEI 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. 1110 Brickell Ave, Suite 310
(Street Address of Principal Office)

6. 1110 Brickell Ave, Suite 310, Miami FL 33131

(Mailing Address)

Miami - FL 33131

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

Name: BG Corporate Services (USA) LLC

Office Address: 1110 Brickell Ave, Suite 310

Miami, Florida 33131
(City) (Zip code)

2023 SEP 12 PM 4:22

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)

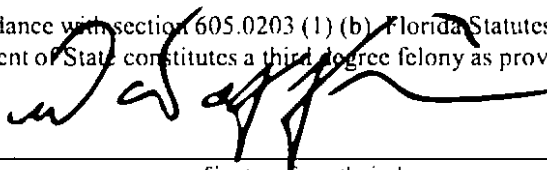
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Leandro Dias Colo		<input checked="" type="checkbox"/> Manager	Name:	Emanuel de Moraes Leite	
<input type="checkbox"/> Member	Address:	São Luis Avenue, 112, São Paulo, SP 01046-000 Brazil		<input type="checkbox"/> Member	Address:	São Luis Avenue, 112, São Paulo, SP 01046-000 Brazil	
<input checked="" type="checkbox"/> Authorized		Manager and President		<input checked="" type="checkbox"/> Authorized		Manager and Vice-President	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Silvinei Cordeiro Toffanin		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	São Luis Avenue, 112, São Paulo, SP, 01046-000 Brazil		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Manager and Treasurer		<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	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

Silvinei Cordeiro Toffanin

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "L&E INVESTMENT 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 EIGHTH DAY OF AUGUST, A.D. 2023.



6676579 8300

SR# 20233182491

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.

Authentication: 203913193

Date: 08-08-23