

9/28/23, 7:10 AM - 9/29/23, 7:10 AM  
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Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I2018000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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

RECEIVED

2023 OCT -2 AM 9:22

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 OCT -2 PM 3:07

FILED

Foreign Limited Liability Company  
YATA INVESTMENT MANAGEMENT LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.070, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 YATA INVESTMENT MANAGEMENT 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 (Tax 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)

5. 799 Avenida Quarto Centenario, casa 10
(Street Address of Principal Office)
Sao Paulo, Sao Paulo, BR 04030
6. 799 Avenida Quarto Centenario, casa 10
(Mailing Address)
Sao Paulo, Sao Paulo, BR 04030

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

Name: LEGALINC CORPORATE SERVICES INC.
Office Address: 476 Riverside Ave.
Jacksonville, Florida 32202
(City) (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.

[Handwritten Signature]

(Registered agent's signature)

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2023 OCT -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FL

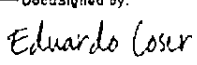
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

| <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. <u>Eduardo Coser</u>   | <input checked="" type="checkbox"/> Manager | Name. <u>Guilherme Dias</u>  |
| <input type="checkbox"/> Member             | Address _____  | <input type="checkbox"/> Member             | Address _____  |
| <input type="checkbox"/> Authorized Person  | <u>799 Avenida Quarto Centenario, casa 10</u><br><u>Sao Paulo, Sao Paulo, BR 04030</u> | <input type="checkbox"/> Authorized Person  | <u>799 Avenida Quarto Centenario, casa 10</u><br><u>Sao Paulo, Sao Paulo, BR 04030</u> |
| <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 Person  | _____  | <input type="checkbox"/> Authorized 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 Person  | _____  | <input type="checkbox"/> Authorized 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.

DocuSigned by:  
  
 \_\_\_\_\_  
 Signature of an authorized person

Eduardo Coser  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

Page 1

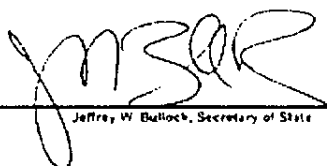
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YATA INVESTMENT MANAGEMENT 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-SEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YATA INVESTMENT MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20233587925

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

Authentication: 204250908

Date: 09-27-23