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(Address)

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(City/State/Zip/Phone #)

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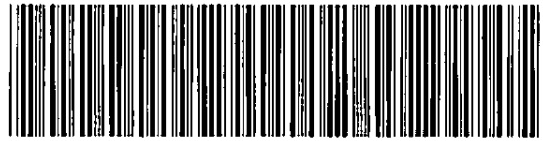
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 APR 17 PM 4:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATRIUM CONSTRUCTIONS 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:

ALEXANDRE FERREIRA MARTINS

Name of Person

Atrium Constructions LLC

Firm/Company

10 New King Street, Ste 202

Address

West Harrison - NY 10604

City/State and Zip Code

contact@atriumconstructions.com

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

For further information concerning this matter, please call:

Adriana Martins

Name of Contact Person

at (203)

Area Code

906-0270

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. Atrium Constructions 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. Connecticut 3. 93-1700877
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 3370 NE 190th St, Apt 2908, Aventura FL 33180
(Street Address of Principal Office)

6. 10 New King Street, Ste 202, West Harrison NY 10604
(Mailing Address)

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

Name: Alexandre Ferreira Martins

Office Address: 3370 NE 190th Street, Apt 2908

Aventura, Florida 33180-2465
(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.

(Registered agent's signature)

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SECTION OF CORPORATIONS
24 APR 17 PM 4:08

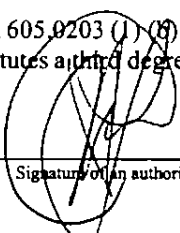
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Alexandre Ferreira Martins</u>	<input type="checkbox"/> Manager	Name: <u>Maria Nazareth Farani de Azevedo</u>
<input checked="" type="checkbox"/> Member	3370 NE 190th Street, Apt 2908 Address: <u>Aventura, FL 33180</u>	<input checked="" type="checkbox"/> Member	Address: <u>398 Stanwich Rd, Greenwich CT 06830</u>
<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 _____
<input type="checkbox"/> Manager	Name: <u>Thiago Chaves de Souza</u>	<input type="checkbox"/> Manager	Name: <u>Robert Soares Vieira</u>
<input checked="" type="checkbox"/> Member	Address: <u>7 Columbus Ave, Greenwich CT 06830</u>	<input checked="" type="checkbox"/> Member	Address: <u>37 Arther St W, Greenwich CT 06831</u>
<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 _____
<input type="checkbox"/> Manager	Name: <u>Alexandre Ferreira Martins Junior</u>	<input type="checkbox"/> Manager	Name: <u>Roberto Carvalho de Azevedo</u>
<input checked="" type="checkbox"/> Member	Address: <u>26 Valley Rd, Cos Cob CT 06807</u>	<input checked="" type="checkbox"/> Member	Address: <u>398 Stanwich Rd, Greenwich CT 06830</u>
<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)-(8), 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

Alexandre Ferreira Martins

Typed or printed name of signee

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, April 01, 2024 3:01 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	ATRIUM CONSTRUCTIONS LLC
Business ALEI	US-CT.BER:2581134
Formation Date	06/13/2022



Secretary of the State