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COVER LETTER

TO: * Registration Section

Div	ision of Corporations 🥱	♥
CHD IECT.	GLOBALTEC WOOD PRODUCTS LLC	
SUBJECT	Name	e of Limited Liability Company
The enclosed Existence, ar	I "Application by Foreign Limited Liability Code check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to	o the following:
	MICHEL DE AMORIM	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	DRUMMOND CONSULTING LLC	
		Firm/Company
	601 BRICKELL KEY DRIVE, STE 90)1
		Address
	MIAMI, FLORIDA, 33131	
	Ci	ity/State and Zip Code
	compliance@drummondadvisors.com	
	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, please cal	l:
MI	CHEL DE AMORIM	781 770-0005 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP. \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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:

	· · · · · · · · · · · · · · · · · · ·					
(If name mayailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida, The	alternate name must include "Limited Lia	bility Company," "L.L.C,"	or "L.E.C."	1
DELAWARE 2		3	85-1334060			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI numbe	r, if applicable)		
4						
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	ie penalty	i j liability)			
601 BRICKELL KEY			601 BRICKELL KEY DRIV	'E, STE 901		
5Street Address of Principal Office)			(Mailing Address)			
MIAMI, FLORIDA, 33131			MIAMI, FLORIDA, 33131			
				202 SE		
				HAY	77	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	- - Δ		
Name:	DRUMMOND CONSULTING LLC			Y 13 PM 12: 33	FILED	
Office Address:	601 BRICKELL KEY DRIVE, STE 90			TATE		
	MIAMI		33131 , Florida			
	(City)		(Zip code)			
designated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.	registe and co	rred agent and agree to act in implete performance of my di	n this capacity. I fi	urther a	gree
	Michel J	/ /	mount			

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: _ Alexandre Simão Battistella Marco Almeida de Souza Name: □Manager ■ Manager R Jose M Cardoso da Veiga Rua Laplace 96, Conj 21 Address: ■ Member ■ Member Torre 1. Apto 31, São Paulo. São Paulo 1002, Rio Negrinho, Santa Catarina ☐ Authorized ☐ Authorized Brazil, 89295-000 Brazil Person Person □Other □ Other □Other □ Other Name: Nicsol Ltd □Manager □Manager Wichams Cay, Road Town Member 🗐 Address: □Member Address: Tortola, British Virgin Islands, Vg1110 □ Authorized ☐ Authorized Person Person □Other____ Other □Other □Other □ Manager Name: □Manager Name: Address: ____ Address: ____ □Member ☐ Member □ Authorized □ Authorized Person Person Other____ □Other □Other____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Alexandre Cimão Battistella Signature of an authorized person Alexandre Simão Battistella

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLOBALTEC WOOD PRODUCTS 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-FOURTH DAY OF APRIL, A.D. 2024.

at corp delaware gov/aut

Authentication: 203321271

Date: 04-24-24