

M2400001078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

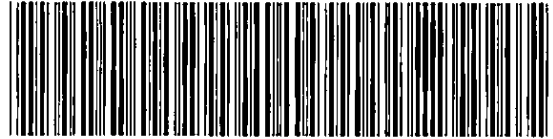
(Document Number)

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05/02/24 17:05

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. Thaiti Magic Investments Ltd. 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. British Virgin Islands

(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A

(FEI number, if applicable)

4. 12/23/2021

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1200 Brickell Ave. Ste 310

(Street Address of Principal Office)

6. 1200 Brickell Ave. Ste 310

(Mailing Address)

Miami-FL, 33131

Miami-FL, 33131

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

Name: Juliana Leite PA

Office Address: 1200 Brickell Ave. Ste 310

Miami

(City)

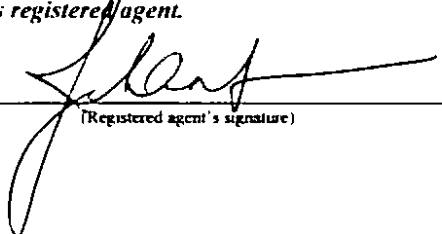
Florida

33131

(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)



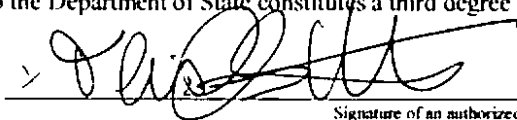
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Thais Cristina dos Santos Teló</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>R. Venâncio Veloso 655/201</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Rio de Janeiro-RJ</u>	<input type="checkbox"/> Authorized	_____
Person	<u>22790-420</u>	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 _____
<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

Thais Cristina dos Santos Teló  
\_\_\_\_\_  
Typed or printed name of signer



## CERTIFICATE OF INCUMBENCY

We, Trident Trust Company (B.V.I.) Limited of Trident Chambers, P.O. Box 146, Road Town, Tortola, British Virgin Islands, being the duly appointed Registered Agent of **Thaiti Magic Investments Ltd.** (the "Company"), a BVI Business Company incorporated in the British Virgin Islands on December 8, 2021 with Company Number **2085117** hereby confirm the following according to our records:-

The Company is validly existing and in good standing under the laws of the British Virgin Islands.

The Company's registered office is the office of its registered agent, which is located at Trident Chambers, P.O. Box 146, Road Town, Tortola VG1110, British Virgin Islands.

The Company is authorised to issue a maximum of no more than 50,000 shares (the "Shares"). The Shares shall have a par value of US\$1.00 each and shall be divided into two classes of shares comprising 25,000 Class "A" Shares and 25,000 Class "B" Shares.

The current director is:

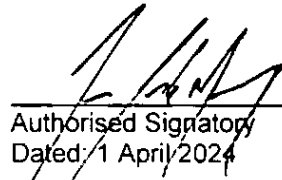
Name  
Thais Cristina dos Santos Telo

Date of Appointment  
8 December 2021

The current shareholders are:

Name	No of Shares	Share Class
Thais Cristina dos Santos Telo	25,000	Class A
Teodoro dos Santos Telo	12,500	Class B
Melinda dos Santos Telo	12,500	Class B

For and on behalf of  
Trident Trust Company (B.V.I.) Limited

  
\_\_\_\_\_  
Authorised Signatory  
Dated: 1 April 2024

