

M24000014367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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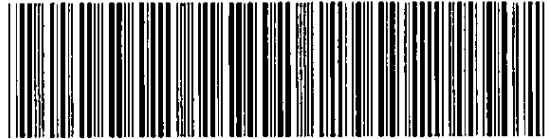
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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M. SOLOMON

NOV 13 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/12/2024
Acc#I20160000072

en: c DW

Name:	Biotrop LLC
Document #:	
Order #:	15970604

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Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

BIOTROP LLC

SUBJECT: _____
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:

Jonas Hipolito de Assis Filho

Name of Person

BIOTROP LLC

Firm/Company

747 SW 2nd Ave, Box #2, Suite #395

Address

Gainesville, FL 32601

City/State and Zip Code

jonas.hipolito@biotrop.com.br

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

For further information concerning this matter, please call:

Jonas Hipolito de Assis Filho

+55

19 99902-9028

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

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**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:*

BIOTROP LLC

1. _____
(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.")
Missouri

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

Upon filing

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.090-1 & 605.0905, F.S. to determine penalty liability)

747 SW 2nd Ave, Box #2, Suite #395

747 SW 2nd Ave, Box #2, Suite #395

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Gainesville, FL 32601

Gainesville, FL 32601

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

C T Corporation System

Name: _____

1200 South Pine Island Road

Office Address: _____

Plantation

33324

_____, Florida _____
(City) (Zip code)

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TALLAHASSEE, FL

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.*

C T Corporation System

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]:

Title or Capacity: **Name and Address:**
☐ Manager Name: Biotrop Participações S/A
☒ Member Address: Av. Dourado, 375,
 Bairro Residencial Aquário
☐ Authorized
 Person Vinhedo - SP | CEP: 13.284-004
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Jonas Hipolito de Assis Filho
☐ Member Address: 747 SW 2nd Ave, Box #2,
 Suite #395
☒ Authorized
 Person Gainesville, FL 32601
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other

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 TALLAHASSEE, FL

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other ☐ 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.

Signed By: JONAS HIPOUITO DE ASSIS FILHO
 3314/D6E1D81437

Signature of an authorized person

Jonas Hipolito de Assis Filho

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

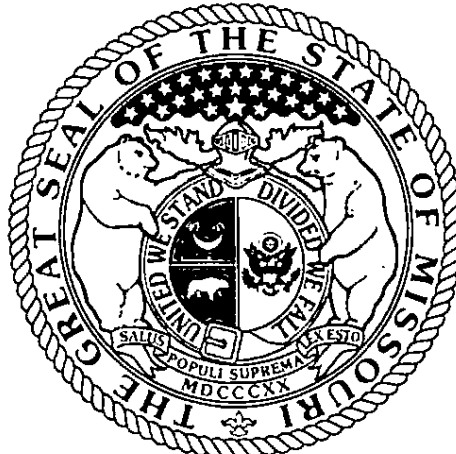
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

BIOTROP LLC
LC1775211

was created under the laws of this State on the 31st day of March, 2021, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of November, 2024.


Secretary of State



Certification Number: CERT-11112024-0028