

N21 000000 1477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

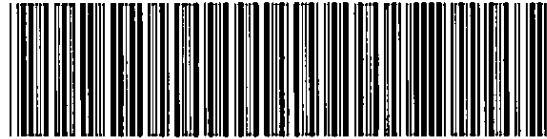
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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21 FEB 11 PM 4:48

2021 FEB 11 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIDE - GROUP OF BUSINESS LEADERS,

USA-FLORIDA UNIT INC.

Signature _____

Requested by: BA

2/11/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____



_____ Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LIDE - Group of Business Leaders, USA-Florida Unit Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Carlos Eduardo de Medeiros Arruda

Name (Printed or typed)

4260 Isabella Circle

Address

Winderemere, Florida, 34786

City, State & Zip

(407) 227-6357

Daytime Telephone number

carlos.arruda@propconsulting.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S.. (Not for Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: LIDE - Group of Business Leaders, USA-Florida Unit Inc.

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ARTICLE II PRINCIPAL OFFICE

SECRETARY OF STATE
TALLAHASSEE, FL

Principal street address:
4260 Isabella Circle

Mailing address, if different is:

4260 Isabella Circle

Winderemre, FL., zip 34786

Winderemre, FL. zip 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Based on events promoted LIDE goals are to Encourage and promote business relationships between our associates; Discuss economic and political issues of national interest; Defend ethics,

democratic principles and management efficiency in the public and private sectors; Strengthen Corporate Governance;

Promote, update and improve business knowledge; Sensitize the private sector to community programs, with priority

for education and professional training; and Encourage our associates to respect the environment.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annual Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Eduardo de Medeiros Arruda-Presic

Name and Title: Gustavo Prezia Gomes - CEO

Address 4260 Isabella Circle

Address: 8327 Greenbank Blvd

Winderemre, FL. zip 34786

Winderemre, FL. 34786

gustavo@lideflorida.com

Name and Title: Marcus Paulo Segnini - CFO

Name and Title: _____

Address 8439 Eagles Loop Circle, Winderemre,

Address: _____

Fl. zip 34786

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Carlos Eduardo de Medeiros Arruda
Address: 4260 Isabella Circle
Winderemre, FL, zip 34786

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos Eduardo de Medeiros Arruda
Address: 4260 Isabella Circle
Winderemre, FL, zip 34786

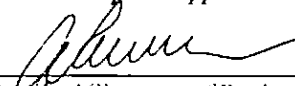
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/10/2021 (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

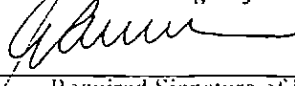


Required Signature of Registered Agent

02/10/2021

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

02/10/2021

Date

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SECRETARY OF STATE
TALLAHASSEE, FL