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CAPITAL CONNECTION

NO 6185

P.

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

fcj@procyclebrasil.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Pro Cycle, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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CAPITAL CONNECTION

NO. 6185 P. 2 2

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Pro Cycle, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
400 Countyline Ct Unit 2  
Oakland FL 34787

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Retail and production of custom bicycles, sporting equipments and accessories.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Francesco Carnevale (President) Name and Title:  
Address: 400 Countyline Ct Unit 2 Address:  
Oakland FL 34787

Name and Title: Renata B. Deazevedo (Secretary) Name and Title:  
Address: 7682 Mount Carmel Dr Address:  
Orlando FL 32835

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: Francesco Carnevale  
Address: 7682 Mount Carmel Dr  
Orlando FL 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Francesco Carnevale  
Address: 7682 Mount Carmel Dr  
Orlando FL 32835

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/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.

Required Signature/Incorporator

Date

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