

P13000011588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

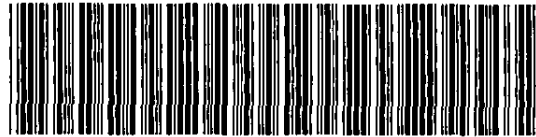
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
13 JAN 30 PM 1:51

FILED
13 JAN 30 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/6/13



CORPORATION SERVICE COMPANY

FILED

13 JAN 30 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 515402 7420566

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : January 30, 2013

ORDER TIME : 12:30 PM

ORDER NO. : 515402-005

CUSTOMER NO: 7420566

DOMESTIC FILING

NAME: POLI INC.

EFFECTIVE DATE:

XX_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Poli Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Deborah Srour, Esq.

Name (Printed or typed)

630 Third Avenue - 19th floor

Address

New York, NY 10017

City, State & Zip

212-561-5527

Daytime Telephone number

dsrour@brazil-law.com

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

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

515402



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

CSC
ATTN: SUSIE KNIGHT
WALK-IN

SUBJECT: POLI INC.
Ref. Number: W13000005924

RESUBMIT
Please give original
submission date as file date.

We have received your document for POLI INC.. However, the document has not been filed and is being returned for the following:

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 713A00002401

RECEIVED
DEPARTMENT OF STATE
13 FEB -5 PM 1:49

ARTICLES OF INCORPORATION

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

FILED

13 JAN 30 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME POLI INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

630 Third Ave - 19th fl
New York, NY 10017

Mailing address, if different is:
c/o Deborah Srou, Esq.

630 Third Avenue - 19th fl
New York, NY 10017

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the Florida Statutes of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200 NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Murilo Ghisoni Bortoluzzi - President</u>	Name and Title: _____
Address: <u>Rodovia BR 101 - km 341</u>	Address: _____
<u>Tubarao - SC</u>	_____
<u>Brazil 88701-970</u>	_____

Name and Title: <u>Daniel Ghisoni Bortoluzzi - Secretary</u>	Name and Title: _____
Address: <u>Rodovia BR 101 - km 341</u>	Address: _____
<u>Tubarao - SC</u>	_____
<u>Brazil 88701-970</u>	_____

Name and Title: <u>Mauricio Ghisoni Bortoluzzi - Treasurer</u>	Name and Title: _____
Address: <u>Rodovia BR 101 - km 341</u>	Address: _____
<u>Tubarao - SC</u>	_____
<u>Brazil 88701-970</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah Srou
Address: 630 Third Avenue - 19 fl
New York, NY 10017

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
Corporation Service Company

By: Sue G. Knight Assistant Vice President
Required Signature/Registered Agent

1-30-13
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.817.155, F.S.

Deborah Srou

Required Signature/Incorporator
Deborah Srou

January 25, 2013
Date