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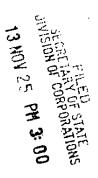
(Requestor's Name)				
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COVER LETTER

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

_{subject:} Bra	sileiras da Florida	a Inc	
 -	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 of Status
		ADDITIONAL CO	PY REQUIRED
FROM: R	afaela Rangel	e (Printed or typed)	
24	447 Rossett ST		
	1	Address	
F	ort Lee, NJ 0702	24	
	City,	State & Zip	
64	46 281 0139		
	Daytime T	elephone number	
ra	ngelrafaela@hotma	il.com	
	E-mail address: (to be use		notification)

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

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

ARTICLE I NAM The name of the corporat	E Brasileiras da Flor		N OF CORPORATIONS		
ARTICLE II PRINCIPAL OFFICE Principal street address 7660 NW 23RD Street Margate, FL 33063		13 NO	13 NOV 25 PM 3 00 Mailing address, if different is:		
		Fort Lee, NJ 07024			
	POSE ne corporation is organized is: To pron munity in Florida.	ote and organize eve	ents for the		
	TAL OFFICERS AND/OR DIRECTORS Refeels Rengel, CEO & President				
Name and Title Address	2447 Rossett ST	Name and Title: Address:			
	Fort Lee, NJ 07024				
Name and Title:		Name and Title:			
Address		Address:			
Name and Title:					

Name an	d Title:	Name and Title	DIVISION OF CORPORATIONS
Address		Address:	13 NOV 25 PM 3 00
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Eveline Saraiva		
Address:	7660 NW 23RD Street		
	Margate, FL 33063		
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Rafaela Rangel	<u></u>	
Address:	2447 Rossett ST		
	Fort Lee, NJ 07024		
	med as registered agent to accept service of proc am familiar with and accept the appointment as		
×	elieu uer		10/07/13
_	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware lony as provided for	that the false information submitted in a in s.817.155, F.S.
X	MHD-	·	10/07/13
	Required Signature/Incorporator		Date