

From:

07/21/2014 09:11

#546 P.001/003

Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print, display, and use this as a cover sheet. Enter the fax/fill number (shown below) on the top and bottom of all pages of the document.

((H140001726493)))



H140001726493ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

JL Villamarim Properties Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

B 7/22/14

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
DIVISION OF CORPORATIONS
JUL 21 PM 1:04

RECEIVED
TALLAHASSEE
JUL 21 AM 10:56

RECEIVED
JUL 21 AM 10:56

From:

07/21/2014 09:12

#546 P.002/003

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: JL Villamarim Properties Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 Fifth Ave. Suite 1610

New York; NY 10110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 7,800 of US\$100.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luiz Cesar Villamarim, Director

Name and Title: _____

Address

Rua Antonio de Albuquerque, 1334, AP 701

Address: _____

Belo Horizonte, MG, CEP 30112-011, Brazil

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

12 JUL 21 PM 1:04

From:

07/21/2014 09:13

#546 P.003/003

(cont.)

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: BLUMBERGEXCELSIOR CORPORATE SERVICES INC.
Address: 155 Office Plaza Drive, 1st Fl.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Talita Araujo
Address: 500 Fifth Ave, Suite 1610
New York, NY 10110

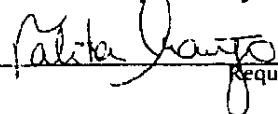
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Asst. Secretary, Zeina Hassoun


Required Signature/Registered Agent

7/21/2014
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.


Required Signature/Incorporator

07/18/2014
Date

17 JUL 21 PM 1:04
DIVISION OF CORPORATE REGISTRATION
STATE OF FLORIDA