

From: P160000027960

03/29/2016 08:42 #22 P.001/003

Florida Department of State
Division of Corporations
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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: _____

RECEIVED

16 MAR 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Lino Vento Properties Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 29 PM 12:02

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MAR 30 2016

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

FILED
2016 MAR 29 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Lino Vento Properties Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

500, Fifth Avenue, Suite 1810

500, Fifth Avenue, Suite 1810

New York NY 10110

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yan Yamagata Vieira Duarte (Director)

Name and Title: _____

Address Rua David Gurion 955, Torre 7, Apt 174,
Cidade Monções, 056354-001, São Paulo
SP, Brazil

Address: _____

Name and Title: Eric Antonio Carvalho Martins (Director)

Name and Title: _____

Address Rua Oliveira Alves, 495, AP31, Ipiranga
04210-061, São Paulo, SP, Brazil

Address: _____

Name and Title: Alberto de Faria Jerônimo Leite (Director)

Name and Title: _____

Address Rua Tutoia 78 AP 151, 04007-000
São Paulo, SP, Brazil

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: 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: Ana Maisonave
 Address: 16 Court St, 14th Fl
Brooklyn, N.Y. 11241

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Asst. Secretary, Jose Mojica

 Required Signature/Registered Agent

March 28, 2016

 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.

Ana Maisonave
 Required Signature/Incorporator

March 28, 2016

 Date