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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 : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: luciana.fernandez@ltcgroup.com.br

FLORIDA PROFIT/NON PROFIT CORPORATION
Royal Oasis Corp

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Royal Oasis Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address
18001 Collins Ave Apt 1911Sunny Isles Beach, FL 33160 USA

Mailing address, if different is:

18001 Collins Ave Apt 1911Sunny Isles Beach, FL 33160 USA**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Investment in Real Estate**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mr. Paulonei Tomaz Avelino - PresidentAddress Av. Mario Ypiranga 1779 ap 1600Adrianopolis 69057-002, Manaus - AM, Brazil

Name and Title: _____

Address: _____

Name and Title: Mrs. Regina Claudia Bringel Avelino - Vice PresidentAddress Av. Mario Ypiranga 1779 ap 1600Adrianopolis 69057-002, Manaus - AM, Brazil

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.
 Address: 3030 N. Rocky Point Dr., STE 150A
 Tampa, FL 33607

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mr. Paulonei Tomaz Avelino
 Address: Av. Mario Ypiranga 1779 ap 1600, Adrianopolis
 69057-002, Manaus – AM, Brazil

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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 days prior or 90 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*

Bill Hume

Required Signature/Registered Agent

07-16-2018

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.

[Signature]

Required Signature/Incorporator

07-17-2018

Date