

# Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000554123)))



H200000554123ABCT

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 : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091 Phone : (305)858-9900

Fax Number : (305)285-0015

C RICO

FEB 19 2020

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

| Email | Address: | <br> |  |
|-------|----------|------|--|
|       |          |      |  |

#### FLORIDA PROFIT/NON PROFIT CORPORATION

### Brasilinvest Overseas Corporation

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

2020 FEB 19 AMII: 01

Electronic Filing Menu

Corporate Filing Menu

Help

p.2

## **COVER LETTER**

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

| SUBJECT:                       | Brasilinvest O                               | verseas Corpor                        | ation  |  |
|--------------------------------|--|---------------------------------------|--|--|
|                                | (PROPOSED CORPORAT                           | E NAME – <u>MUST INCL</u>             | UDE SUFFIX)  |  |
| Enclosed are an orig           | ginal and one (1) copy of the artic          | les of incorporation and              | l a check for:   |  |
| <b>≅</b> \$70.00<br>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:                          | DM: Darlin Espinosa                          |                                       |  |  |
| _                              | 2665 S Baysho                                | re Drive Ste 70                       | 3  |  |
|                                |  |                                       |  |  |
|                                | Miami, 1                                     | FL 33133<br>State & Zip               | •  |  |
|                                | 305-858-9900  Daytime Telephone number       |                                       |  |  |
|                                | ediaz@richa                                  |                                       |  |  |
|                                | F-mail address: (to be used                  | for future annual report              | 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)

| TICLE II TAI                         | NCIPAL OFFICE Principal street address         | Mailing address, if diffe | erent is:        |
|--------------------------------------|--|---------------------------|------------------|
| 665 S Baysh                          | ore Drive Ste 703                              |                           |                  |
| 1iami, FL 33                         | 133  |                           |                  |
| TICLE III PUI<br>e purpose for which | RPOSE  the corporation is organized is:Any and | all lawful business       |                  |
|                                      |  |                           |                  |
|                                      |  |                           | <del>- 8</del> - |
|                                      |  |                           | FEB :            |
|                                      |  |                           | <del>- 5</del>   |
| RTICLE IV SH<br>te number of share   | ARES<br>s of stock is: 1,000                   | <del></del>               | PH S             |
| RTICLE V IN                          | ITIAL OFFICERS AND/OR DIRECTORS                |                           | <b>o</b> §       |
| Name and                             | Title: Mario Bernardo Garnero, D               | Name and Title:           |                  |
| Address                              | 2665 S Bayshore Drive                          | Address:                  |                  |
|                                      | Suite 703                                      |                           |                  |
| •                                    | Miami, FL 33133                                |                           |                  |
|                                      | Mario Bernardo Monteiro De Ca                  | rvalho Garnero, D         |                  |
| Name and T                           |  |                           |                  |
| Name and T                           | 2665 S Bayshore Drive                          | Address:                  |                  |
|                                      | 2665 S Bayshore Drive Suite 703                | Address:                  |                  |
|                                      |  | Address:                  |                  |
| Address                              | Suite 703                                      |                           |                  |

| Name and                               | Title:  | Name and Title:                             |   |                    |
|--|---|---|---|--------------------|
| Address                                |   |   |   |                    |
|  |   |   |   |                    |
|  |   | -   |   | •                  |
|  |   |   | <del></del>   |                    |
|  |   |   |   |                    |
| ARTICLE VI A                           | R <u>EGISTERED AGENT</u><br>orida street address (P.O. Box NOT acceptable) o                                | f the registered ages                       | nt is:  |                    |
| Name:                                  | World Corporate Services Inc.   | _   |   |                    |
| Address:                               | 2665 S Bayshore Drive Ste 703   | _   |   |                    |
|  | Miami, FL 33133   | _   |   |                    |
| ARTICLE VII                            | INCORPORATOR  |   |   |                    |
| The name and ad                        | Idress of the Incorporator is:  |   |   |                    |
| Name:                                  | World Corporate Services Inc.   | _   |   |                    |
| Address:                               | 2665 S Bayshore Drive Ste 703   | <u>}</u>                                    |   |                    |
|  | Miami, FL 33133   | <u></u> .                                   |   |                    |
| Effective date, if                     | EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cann           | ot be more than f                           | PTIONAL)<br>ive days prior or 90 day                  | s after the        |
| Note: If the date the document's e     | inserted in this block does not meet the applicabl ffective date on the Department of State's records       | e statutory filing re                       | quirements, this date wil                             | I not be listed as |
| Having been nan<br>certificate, I am f | ned as registered agent to accept service of process<br>familiar with and accept the appointment as registe | for the above stated<br>cred agent and agre | l corporation at the place<br>to act in this capacity | designated in this |
|  |   |   | 2-10  | 7-20               |
| -                                      | Required Signature/Registered Agent   |   |   | Date               |
| I submit this doc                      | cument and affirm that the facts stated herein ar   | e true. I am aware                          | that the false information                            | on submitted in a  |
| document to the                        | Department of State constitutes a third degree felo   | ny as provided for i                        | n s.817.155, F.S.                                     |                    |
|  | 2   |   | 2-10  | 1-20               |
| Required Signari                       | ire/incorporator  |   | Date  |                    |