P210000 33598

(R	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nai	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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Department of State

Division of Corporations

Date: 04/14/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Kairos Capital e Holding

Requester: Order: Achieve GEA

COVER LETTER

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

Cum icam	Kairos Capital e Holding de	Investimentos Internaciona	is SA INC
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
∑ \$70.(x) Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
EDOM	PATRICIO FRIAS		
FROM:	Nam	e (Printed or typed)	
	9907 THREE LAKES	S CIRCLE	
	BOCA RATON, FL 3	Address 3428	
	City,	State & Zip	
	3056772151		
	Daytime T	elephone number	
	OPERATIONS@ACI	HIEVEGEA.COM	
_	E-mail address: (to be used	d for future annual report n	otification)

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 The name of the c	VAME orporation shall be:	Kairos Capital e Holding de Investimentos Internacionais SA INC			_	
ARTICLE II PRINCIPAL OFFICE Principal street add		et address		Mailing address, if different is:		
ARTICLE III I	PURPOSE which the corporation	n is organized is:	ANY LAWFULL BUSIN	IESS		
				.,		
					2021 APR	
	SHARES ares of stock is:			; ;	14 AM IO:	
		S AND/OR DIRECTORS Batista Souza S	Name and Title:		⊃ 3	
Address		THREE LAKES CIRCLE	Address:			
Name and	L Title		Name and Title			
Address						
Name and	l Title:		Name and Title:			
Address						

Name and Title	·	Name and Title:			
Address		Address:			
ARTICLE VI REGIS	TERED AGENT street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	PATRICIO FRIAS	_			
Address:	9907 THREE LAKES CIRCLE	_	ن		
	BOCA RATON, FL, 33428	_	: <u>:</u>	20/2/	
ARTICLE VII INCO	<u>RPORATOR</u>			2021 APR 14 NH 10: 03	
The name and address	of the Incorporator is:		•	- - -	
Name:	PATRICIO FRIAS		• •	JI HIV	
Address:	9907 THREE LAKES CIRC	CLE	F): 0:3	
	BOCA RATON, FL, 33428	_		-	
(If an effective date is I filing.)	ECTIVE DATE: han the date of filing: isted, the date must be specific and canno ed in this block does not meet the applicable	t be more than five days pr	ior or 90 da		
	e date on the Department of State's records.	, .			
	egistered agent to accept service of process for with and accept the appointment as register.			designate	d in this
	Coly		4/13	<i>[</i> 21	
	Required Signature/Registered Agent		Date		 _
	and affirm that the facts stated herein are nent of State constitutes a third degree felony		, F.S.	ion submit 3/21	ted in a
Required Signature/Inco	rporator T	Dat			