

Division of Corporations

6/2/21, 10:08 AM

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

****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
BFG CONSULTING USA CORP

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

DocuSign Envelope ID: B773ADDE-37DB-4F6A-A4F4-F921274FEEEE6

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: **BFG CONSULTING USA CORP**

ARTICLE II – ADDRESS

The Principal street address of the Corporation shall be:

60 NE 104th STREET

MIAMI SHORES, FL 33138

The Mailing address of the Corporation shall be:

SAME AS PRINCIPAL

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is **any and all lawful business.**

ARTICLE IV – SHARES

The number of shares of stock is: **1,000**

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

Name: **FREDERICO GUILHERME DE MOURA BARBOSA**

Title: **CEO**

Address: **AV ENG LUIZ CARLOS BERRINI 1376 CONJ 151**

SAO PAULO, SP 04571-936

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TALLAHASSEE, FL 32399

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Name: **MATEUS BARROS**Title: **CCO**Address: **60 NE 104th STREET****MIAMI SHORES, FL 33138**Name: **GIOVANNI RIBEIRO GABRIELE**Title: **CTO**Address: **AV ENG LUIZ CARLOS BERRINI 1376 CONJ 151****SAO PAULO, SP 04571-936**Name: **GUILHERME GOMES MONTEIRO DA FONSECA**Title: **CFO**Address: **AV ENG LUIZ CARLOS BERRINI 1376 CONJ 151****SAO PAULO, SP 04571-936**Name: **BFG PAR INVESTIMENTOS E PARTICIPACOES LTDA**Title: **DIRECTOR**Address: **AV ENG LUIZ CARLOS BERRINI 1376 CONJ 151****SAO PAULO, SP 04571-936****ARTICLE VI – REGISTERED AGENT**

The name and Florida street address (PO BOX not acceptable) of the Registered Agent is:

Name: **MATEUS BARROS**Address: **60 NE 104th STREET****MIAMI SHORES, FL 33138**

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ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Name: **MATEUS BARROS**Address: **60 NE 104th STREET****MIAMI SHORES, FL 33138****ARTICLE VIII – EFFECTIVE DATE**Effective date shall be the **filling date**.**REGISTERED AGENT AFFIDAVIT**

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.

DocuSigned by:

Mateus Barros

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Registered Agent

6/1/2021

Date

INCORPORATOR AFFIDAVIT

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.

DocuSigned by:

Mateus Barros

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Incorporator

6/1/2021

Date

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