

9/20/21, 4:17 PM

Division of Corporations

P21000082936

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****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**BnbSmart, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SEP 22 2021

T. SCOTT

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Corporate Filing Menu

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: BnbSmart, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
Alameda Grajaú, 60 - 1304, Barueri
São Paulo, Brazil - 06454-050Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any legal purpose.

_____**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Giancarlo Ferrentini Salem, Pres. & Dir.Name and Title: Fabrizio Ferrentini Salem, Treas. & Dir.Address Alameda Grajaú, 60 - 1304, Barueri
São Paulo, Brazil - 06454-050Address: Alameda Grajaú, 60 - 1304, Barueri
São Paulo, Brazil - 06454-050Name and Title: Tamara Ferrentini Salem, Sec. & Dir.

Name and Title: _____

Address Alameda Grajaú, 60 - 1304, Barueri
São Paulo, Brazil - 06454-050

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 SEP 21 PM 10:42
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U.S. DEPARTMENT OF JUSTICE

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: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Giancarlo Ferrentini Salem
 Address: Alameda Grajaú, 60 - 1304, Barueri
São Paulo, Brazil - 06454-050

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*

Laure Broderick _____ 9-20-2021 _____
 Required Signature/Registered Agent Date
Laure Broderick
Assistant Secretary

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] _____ 09/17/2021 _____
 Required Signature/Incorporator Date