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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 : I20080000045  
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: compliance@dartmouthinternational.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Icoarana Company

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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DIVISION OF CORPORATIONS  
COMMERCIAL  
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**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: Icoarana Company

**ARTICLE II PRINCIPAL OFFICE**

Juncal 1378 of 804 Principal street address

Montevideo, Uruguay, 11000

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The company will invest over 50% of its assets in real estate in Florida (Personal use).

**ARTICLE IV SHARES**

The number of shares of stock is: 50,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Suzana Masiero Branco, Manager

Address R. Pacuri, nr. 284 Cond. Alphaville  
13098-313, Campinas, São Paulo, Brazil

Gabriela Masiero Nogueira

Name and Title: Manager

Address: R. Pascal nr.1507. Bloco B Apto 174  
- Campo Belo CEP: 04616-005  
São Paulo - SP

Name and Title: Otto Vianna Nogueira Junior, Manager

Address R. Pacuri 284, Cond. Alphaville  
13098-313, Campinas, São Paulo, 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 AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.  
7901 4th Street N. Ste 300  
St. Petersburg FL 33702

Address:

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Suzana Masiero Branco  
R. Verbo Divino, nr. 1061, Apt. 72 A, Chácara  
Address: Santo Antonio, 04719-002, São Paulo, São Paulo, Brazil

**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*



Required Signature/Registered Agent

5/16/2024

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 signed by me constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

15-mai-2024 | 16:20 BRT

Date

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