

F18000000244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

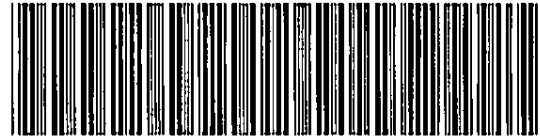
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JAN 18 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBJECTIVE GROUP INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CRISTINA TORDIN

Name of Person

CARIBROS LLC

Firm/Company

299 ALHAMBRA CIR - SUITE 403

Address

CORAL GABLES - FL - 33134

City/State and Zip code

CRISTINA@CARIBROS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA TORDIN

305

921 9562

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

OBJECTIVE GROUP INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE _____ 3. 37-184411 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/2016 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 251 LITTLE FALLS DRIVE - WILMINGTON - DE - 19808
(Principal office address)

299 ALHAMBRA CIR - SUITE 403 - CORAL GABLES - FL - 33134
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CARIBROS LLC _____

Office Address: 299 ALHAMBRA CIR - SUITE 403 _____

CORAL GABLES _____, Florida 33134
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JULIO CESAR DO NASCIMENTO
Address: 299 ALHAMBRA CIR - SUITE 403 - CORAL GABLES - FL - 33134

Vice Chairman:
Address:

Director:
Address:

Director:
Address:

B. OFFICERS

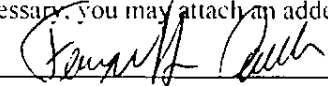
President: ADALBERTO FERNANDES VIANNA NETO
Address: 299 ALHAMBRA CIR - SUITE 403 - CORAL GABLES - FL - 33134

Vice President:
Address:

Secretary: FERNANDO CARIELLO
Address: 299 ALHAMBRA CIR - SUITE 403 - CORAL GABLES - FL - 33134

Treasurer: ADALBERTO FERNANDES VIANNA NETO
Address: 299 ALHAMBRA CIR - SUITE 403 - CORAL GABLES - FL - 33134

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. FERNANDO A. CARIELLO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OBJECTIVE GROUP INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBJECTIVE GROUP INC" WAS INCORPORATED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

18 JAN 15 PM 2:49
LED
SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

6233643 8300

SR# 20180138375

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201939720

Date: 01-09-18