



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Rosineire	Middle Name (if any) N/A	Family Name (Last Name) FERREIRA DE ARAGAO	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 470.00
Credit Card Expiration Date CVV Code (mm/yyyy)			



March 12, 2026.

FedEx:

USCIS

Attn: I-539 (Box 660166)

2501 S. State Highway 121 Business

Suite 400

Lewisville, TX 75067-8003

**RE: FORM I-539 PETITION FOR APPLICATION TO EXTEND/CHANGE
NONIMMIGRANT STATUS**

Applicant: Rosineire Ferreira de Aragao

Class of Admission: B-2 Visitor

Dear Sir or Madam,

We respectfully submit this **Form I-539, Application to Extend Nonimmigrant Status**, on behalf of **Ms. Rosineire Ferreira de Aragao**, a citizen of Brazil who seeks a temporary extension of her B-2 visitor status in order to continue her tourism activities in the United States.

Ms. Aragao was lawfully admitted to the United States on **October 7, 2025**, in **B-2 visitor status**, and her current **Form I-94 authorizes her stay until April 5, 2026**. She has remained in full compliance with the terms of her admission and has not engaged in any unauthorized employment or activity inconsistent with her nonimmigrant status.

Ms. Aragao originally traveled to the United States with the exclusive purpose of tourism and cultural exploration. Since her arrival, she has visited several locations and cultural attractions while respecting all the conditions of her B-2 status. However, due to the size of the country and the number of historical and cultural destinations she intended to visit, the initially authorized period has not been sufficient for her to complete her travel itinerary.

If this extension is granted, Ms. Aragao intends to continue visiting major cities and historical landmarks in the United States, including **New York, Washington D.C., and Miami**. In New York, she plans to visit well-known landmarks such as the **Statue of Liberty, Central Park,**

Times Square, Brooklyn Bridge, and the Empire State Building, as well as museums including the **Metropolitan Museum of Art and the American Museum of Natural History**.

In **Washington, D.C.**, she intends to visit important national monuments and institutions, including the **White House, the United States Capitol, the Lincoln Memorial, the Washington Monument, the National Mall, and museums of the Smithsonian Institution**.

Additionally, she plans to visit cultural attractions in **Miami**, including **South Beach, Ocean Drive, Little Havana, Bayside Marketplace, Wynwood Walls, and Vizcaya Museum and Gardens**.

Ms. Aragao currently intends to remain in the United States until approximately **October 1, 2026**, after which she will return to Brazil.

Importantly, Ms. Aragao has **sufficient financial resources to support herself during her stay in the United States** and will not seek employment during the requested extension period. Supporting documentation demonstrating her financial capacity is included with this filing.

Furthermore, Ms. Aragao maintains **strong ties to Brazil**, which require her return following this temporary visit. She maintains her **primary residence in Guarulhos, São Paulo**, and is employed in Brazil as an **airport security professional with Albatroz Segurança**, from which she earns approximately **R\$5,000 per month**. She also maintains close family ties in Brazil, including her mother and granddaughter, whose circumstances further reinforce her intention to return to her home country after the conclusion of her travel.

For ease of review, the supporting documentation is organized as follows:

Forms

- Form G-28 – Notice of Entry of Appearance
- Form G-1450 – Credit Card Authorization
- Form I-539 – Application to Extend Nonimmigrant Status

Exhibit 1 – Rosineire’s Identification Documents

- Birth Certificate
- Passport
- U.S. Visa
- Brazilian ID and CPF
- Brazilian Driver License
- Brazilian Individual Taxpayer Registry Number

Exhibit 2 – Evidence of Legal Status

- Copy of Form I-94 + CBP Travel History Record
- Rosineire's declaration regarding his intention to extend his stay in the US with English Translation
- Photos as tourists in USA with Description

Exhibit 3 – Evidence of Financial Resources

- Evidence of Financial Resources

Exhibit 4 – Evidence of Strong Ties to Brazil

- Medical Records of Applicant's Mother Demonstrating Strong Family Ties to Brazil
- Medical Records of Applicant's Granddaughter Demonstrating Strong Family Ties to Brazil
- Proof of Ongoing Employment and Professional Ties in Brazil

- Support Letter – Daughter
- Proof of Residence and Affidavit of Residence – Brazil
- Proof of Property Rights and Residential Ties in Brazil

Should you have any questions or require additional information, please do not hesitate to contact the undersigned.

Sincerely,



Otavio Haverroth Silva
California Bar # 343486



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)
HS Law Corp

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization
N/A

2.c. Date of Accreditation (mm/dd/yyyy)
N/A

3. I am associated with **N/A**, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate
N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

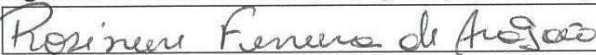
Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

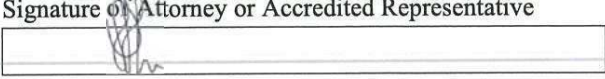
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ 
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy)
- 2.a. Signature of Law Student or Law Graduate
- 2.b. Date of Signature (mm/dd/yyyy)





Application to Extend/Change Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-539
OMB No. 1615-0003
Expires 03/31/2027

For USCIS Use Only		Fee Stamp		Action Block	
Returned					
Resubmitted					
Relocated	Received				
	Sent				
Remarks:	<input type="checkbox"/> Granted		<input type="checkbox"/> Denied		<input type="checkbox"/> Applicant interviewed on _____
	New Class _____		<input type="checkbox"/> Still within period of stay		
	Dates:	From ____ / ____ / ____	<input type="checkbox"/> S/D to: _____		
To ____ / ____ / ____		<input type="checkbox"/> Place under docket control			

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FERREIRA DE ARAGAO	Rosineire	N/A

2. Alien Registration Number (A-Number) (if any) 3. USCIS Online Account Number (if any)

▶ A- N/A ▶ N/A

4. Your U.S. Mailing Address (Safe Address, if applicable)

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name	Apt.	Ste.	Flr.	Number
PO Box 90487	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Diego	CA		92169	

5. Is your mailing address the same as your physical address? Yes No

If you answered "Yes" to **Item Number 5.** skip to **Item Number 7.** If you answered "No" to **Item Number 5.**, provide information on your physical address in **Item Number 6.**

6. Your Current Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
201 C Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
City or Town	State		ZIP Code	
Martinez	CA		94553	



Part 1. Information About You (continued)

Other Information About You

7. Country of Birth 8. Country of Citizenship or Nationality
9. Date of Birth (mm/dd/yyyy) 10. U.S. Social Security Number (if any)
11. Provide Information About Your Most Recent Entry Into the United States
- | | | |
|--|--|--|
| Date of Last Arrival Into the United States (mm/dd/yyyy) | Form I-94 Arrival-Departure Record Number | Passport Number (if any) |
| <input type="text" value="10/07/2025"/> | <input type="text" value="7 5 4 9 0 4 5 4 5 A 4"/> | <input type="text" value="GH113421"/> |
| Travel Document Number (if any) | Country of Passport or Travel Document Issuance | Passport or Travel Document Expiration Date (mm/dd/yyyy) |
| <input type="text" value="GH113421"/> | <input type="text" value="Brazil"/> | <input type="text" value="06/14/2033"/> |
12. Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.) Date Status Expires (mm/dd/yyyy)
- Select this box if you were granted Duration of Status (D/S).

Part 2. Application Type

1. I am applying for (select **only one** box):
- Reinstatement to student status.
 - An extension of stay in my current status.
 - A change of status.
2. If you are applying for a change of status or change of employer/information medium, complete the following:
- I am requesting to change my status or employer/information medium to: I am requesting the change to be effective (mm/dd/yyyy)
3. Number of people included in this application (select **only one** box):
- I am the only applicant.
 - I am filing this application for myself and members of my family.
4. The total number of people (including me) in the application is: (Form I-539A is required for each co-applicant.)
5. The name of the school you will attend (if applicable) as an Academic Student, Vocational Student, or Exchange Visitor.
6. Your Student and Exchange Visitor Information System (SEVIS) ID Number, if applicable.

Part 3. Processing Information

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy):
2. Is this application based on an extension or change of status already granted to your spouse, child, or parent? Yes No



Part 3. Processing Information (continued)

3. Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status?
- Yes, filed with this Form I-539.
- No.
- Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).
4. If you answered "Yes" to **Item Number 2.** or **Item Number 3.**, select the Form type below.
- Form I-539, Application to Extend/Change Nonimmigrant Status
- Form I-129, Petition for a Nonimmigrant Worker

5. If you answered "Yes" to **Item Number 2.** or **3.**, provide the USCIS Receipt Number. **N/A**

If the petition or application is pending with USCIS, also provide the following information:

6. First and Last Name of Beneficiary or Applicant

First Name of Beneficiary or Applicant

N/A

Last Name of Beneficiary or Applicant

N/A

7. Date Filed (mm/dd/yyyy)

N/A

Part 4. Additional Information About the Principal Applicant

1. Current Passport Information

If your current passport information is different from the information you provided in **Part 1.**, provide your current passport information. If your current passport information matches the information you provided in **Part 1.**, proceed to **Item Number 3.**

Passport Number

Country of Passport Issuance

Passport Expiration Date (mm/dd/yyyy)

2. Physical Address Abroad

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

Answer the following questions. If you answer "Yes" to any of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 8. Additional Information** to provide an explanation.

3. Are you an applicant for an immigrant visa? Yes No
4. Has an immigrant petition **EVER** been filed for you? Yes No
5. Have you **EVER** filed Form I-485, Application to Register Permanent Residence or Adjust Status? Yes No



Part 4. Additional Information About the Applicant (continued)

6. Have you been arrested or convicted of any criminal offense since last entering the United States? Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

7.a. Acts involving torture or genocide? Yes No

7.b. Killing any person? Yes No

7.c. Intentionally and severely injuring any person? Yes No

7.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No

7.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

Have you **EVER**:

8.a. Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group? Yes No

8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No

9. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so? Yes No

10. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which, you knew or believed would be used against another person? Yes No

11. Have you **EVER** received any weapons training, paramilitary training, or other military-type training? Yes No

12. Have you **EVER** violated the terms of the nonimmigrant status you now hold? Yes No

13. Are you now in removal proceedings? Yes No

14. Have you **EVER** been employed in the United States since last admitted or granted an extension or change of status? Yes No

If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 8. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe any and all periods of employment in **Part 8. Additional Information**. Include the name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

15. Are you currently or have you **EVER** been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? Yes No

If you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 8. Additional Information**.



Part 5. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 4. Applicant's Signature Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

Interpreter's Contact Information

- 3. Interpreter's Daytime Telephone Number
- 4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)



Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name


1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature  Date of Signature (mm/dd/yyyy)



Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FERREIRA DE ARAGAO	Rosineire	N/A

2. A-Number ▶ A-

N/A									
-----	--	--	--	--	--	--	--	--	--

3. Page Number	Part Number	Item Number
4	4	14

I support myself through personal savings and passive income generated by rental properties that I own in my home country.

4. Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

5. Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

6. Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A



Exhibit list

Exhibits: Pages:

Exhibit 1 - Rosineire's Identification Documents

Birth Certificate	1-3
Passport	4
U. S. Visa	5
Brazillian ID and CPF	6-8
Brazillian Driver License	9-11
Brazilian Individual Taxpayer Registry Number	12-14

Exhibit 2 - Evidence of Legal Status

Copy of I-94 + CBP Travel History Record	15-16
Rosineire's declaration regarding his intention to extend his stay in the US with English Translation	17-21
Photos as tourists in USA with Description	22-26

Exhibit 3 - Evidence of Financial Resources

Evidence of financial resources	27-28
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Exhibit 4 - Evidence of Strong Ties to Brazil

Medical Records of Applicant's Mother Demonstrating Strong Family Ties to Brazil	29-74
Medical Records of Applicant's Granddaughter Demonstrating Strong Family Ties to Brazil	75-89
Proof of Ongoing Employment and Professional Ties in Brazil	90-102
Support Letter - Daughter	103-108
Proof of Residence and Affidavit of Residence - Brazil	109-119

**Exhibit 1 -
Rosineire's
Identification
Documents**



Federative Republic of Brazil
Civil Registry of Natural Persons

JUDICIARY
FORUM MINISTRO PEDRO DOS SANTOS
Arenilson Mota Nery
Appointed Registrar
Praça São Boaventura, 40, Centro
ZIP Code 45860-000, Canavieiras, Bahia

BIRTH CERTIFICATE

NAME

ROSINEIRE FERREIRA DE ARAGÃO

REGISTRATION

139270 01 55 1974 1 00065 294 0027321 61

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
NOVEMBER TWENTY-SEVENTH, NINETEEN SEVENTY-TWO	27	11	1972

TIME OF BIRTH	CITY OF BIRTH AND STATE
12:00 AM	CANAVIEIRAS/BAHIA

CITY OF REGISTRATION AND STATE	PLACE OF BIRTH	SEX
CANAVIEIRAS/BAHIA	IN THIS CITY	FEMALE

FILIATION

FATHER: SIMÃO URBANO DE ARAGÃO
MOTHER: ROSA MARIA FERREIRA DE ARAGÃO

GRANDPARENTS

PATERNAL GRANDFATHER: JOSÉ ANTONIO DE ARAGÃO
PATERNAL GRANDMOTHER: BENEDITA URBANO
MATERNAL GRANDFATHER: JOEL SOTERO FERREIRA
MATERNAL GRANDMOTHER: MARIA RIBEIRO FERREIRA

TWIN NAME AND REGISTRATION NUMBER OF TWINS

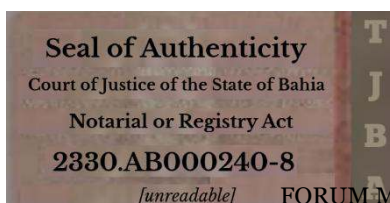
NO No Record.

DATE OF REGISTRATION IN FULL	LIVE BIRTH REGISTRATION NUMBER
ON THE SEVENTH (07) DAY OF THE MONTH OF JANUARY (01) OF THE YEAR NINETEEN SEVENTY-FOUR (1974)	

NOTES/ ANNOTATIONS

No Record.

NAME OF OFFICE: CIVIL REGISTRY OF NATURAL PERSONS OF CANAVIEIRAS
REGISTRAR: ARENILSON MOTA NERY
CITY: CANAVIEIRAS - BAHIA
ADDRESS: PRAÇA SÃO BOAVENTURA, 40, CENTRO
ZIP CODE: 45860000, PHONE: (73) 3284-1570



The content of this certificate is true. I certify.
CANAVIEIRAS, Bahia, May 8, 2014.

----//signature//----

Signature of the Registrar

JUDICIARY
FORUM MINISTRO PEDRO DOS SANTOS
Arenilson Mota Nery
Appointed Registrar
Praça São Boaventura, 40, Centro
ZIP Code 45860-000, Canavieiras, Bahia

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: March 11, 2026.



República Federativa do Brasil
Registro Civil das Pessoas Naturais

CERTIDÃO DE NASCIMENTO

PODER JUDICIÁRIO
FÓRUM MINISTRO PEDRO DOS SANTOS
Arenilson Mota Nery
Oficial Designado
Praça São Boaventura 40 Centro
CEP 45860-000 Canavieiras Bahia

NOME

ROSINEIRE FERREIRA DE ARAGÃO

MATRÍCULA

139273 01 55 1974 1 00065 294 0027321 61

DATA DE NASCIMENTO POR EXTENSO

VINTE E SETE DE NOVEMBRO DE UM MIL NOVECENTOS E SETENTA E DOIS

DIA MÊS ANO

27 11 1972

HORA NASC. MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO

00:00 CANAVIEIRAS/BA

MUNICÍPIO DE REGISTRO E
UNIDADE DA FEDERAÇÃO

LOCAL DE NASCIMENTO

SEXO

CANAVIEIRAS/BA-BA

NESTE MUNICÍPIO

FEMININO

FILIAÇÃO

PAI: SIMÃO URBANO DE ARAGÃO
MÃE: ROSA MARIA FERREIRA DE ARAGÃO

AVÓS

AVÔ PATERNO: JOSÉ ANTONIO DE ARAGÃO
AVÓ PATERNA: BENEDITA URBANO
AVÔ MATERNO: JOEL SOTERO FERREIRA
AVÓ MATERNA: MARIA RIBEIRO FERREIRA

GÊMEO NOME E MATRÍCULA DO(S) GÊMEO(S)

NÃO Nada Consta.

DATA DO REGISTRO POR EXTENSO

AOS SETE (07) DIAS DO MÊS DE JANEIRO (01) DO ANO DE UM MIL NOVECENTOS E SETENTA E QUATRO (1974)

Nº DA DECL. DE
NASCIDO VIVO

OBSERVAÇÕES / AVERBAÇÕES

Nada Consta.

NOME DO OFÍCIO: CARTÓRIO DE RCPN DE CANAVIEIRAS

OFICIAL(A): ARENILSON MOTA NERY

MUNICÍPIO: CANAVIEIRAS-BA

ENDEREÇO: PRAÇA SÃO BOAVENTURA, 40, CENTRO,
CEP: 45860000, Tel.: (73)3284-1570

Selo de Autenticidade

Tribunal de Justiça do Estado da Bahia

Ato Notarial ou de Registro

2330.AB000240-8

Consulte o selo em www.tjba.org.br

O conteúdo da certidão é verdadeiro. Dou fé.
CANAVIEIRAS, BA, 08 de Maio de 2014.

PODER JUDICIÁRIO
FÓRUM MINISTRO PEDRO DOS SANTOS
Arenilson Mota Nery
Oficial Designado

Assinatura do Oficial(a)

Praça São Boaventura 40 Centro
CEP 45860-000 Canavieiras BA

FEDERATIVE REPUBLIC OF BRAZIL

8600-9

STATE OF SÃO PAULO
 SECRETARY OF PUBLIC SECURITY
 IDENTIFICATION INSTITUTE
 RICARDO GUMBLETON DAUNT

NAME ROSINEIRE FERREIRA DE ARAGÃO

FILIATION
 SIMÃO URBANO DE ARAGÃO

ROSA MARIA FERREIRA DE ARAGÃO

DATE OF BIRTH 11/27/1972 ISSUING AUTHORITY: SSP-SP RH FACTOR

PLACE OF BIRTH CANAVIEIRAS - BA

NOTES

40773932

Rosineire Ferreira de Aragão
 HOLDER'S SIGNATURE

IDENTITY CARD

LAW No. 7,116, OF AUGUST 29, 1983

CPF 168859308/06 DNI

GENERAL REGISTRATION: 25.523.688-8 2nd copy DATE OF ISSUE: 12/02/2022

CIVIL REGISTRATION
 CANAVIEIRAS-BA - CANAVIEIRAS BIRHT CERTIFICATE: BOOK AD65/
 PAGE 294/ No. 27321

VOTER ID CTPS SERIES STATE
 000175789060116 0000000039703 0202 SP

NIS/PI/PASEP PROFESSIONAL IDENTITY

MILITARY ID

DRIVER'S LICENSE CNS
 40773932

Mitaki Yamamoto
 Divisional Police Chief - IIRGD / SSP-SP
 DIRECTOR'S SIGNATURE

RIGHT THUMB

VALID THROUGHOUT THE NATIONAL TERRITORY

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 11, 2026



FEDERATIVE REPUBLIC OF BRAZIL
 MINISTRY OF TRANSPORTATION
 NATIONAL TRAFFIC DEPARTMENT

CARTEIRA NACIONAL DE HABILITAÇÃO / DRIVER LICENSE / PERMISO DE CONDUCCIÓN

2 and 1 NAME AND SURNAME
 ROSINEIRE FERREIRA DE ARAGAO 1st DRIVER'S LICENSE
08/24/2025

3 DATE, PLACE, AND STATE OF BIRTH
 11/27/1972 CANAVIEIRAS/BA

4a ISSUING DATE 08/25/2025 4b EXPIRATION DATE 08/23/2026 ACC **P**

4c ID / ISSUING AUTHORITY / STATE
 25523688 SSP/SP

4d CPF 168.859.308-06 5 REGISTRATION No. 09091782775 9 *DL CLASS **B**

NATIONALITY
 BRAZILIAN

FILIATION
 SIMAO URBANO DE ARAGAO

ROSA MARIA FERREIRA DE ARAGAO



Rosineire Ferreira de Aragao

7 SIGNATURE OF THE HOLDER

VALID IN ALL NATIONAL TERRITORY

5046938409

	9	10	11	12		9	10	11	12
ACC					D				
A					D1				
A1					BE				
B			08/23/2026		CE				
B1					C1E				
C					DE				
C1					D1E				

12 OBSERVATIONS

EAR - Engages in Remunerated Activity (authorization to perform paid work as a driver).

-00057

PLACE

SAO PAULO, SP

Eduardo Aggio de Sá
 EDUARDO AGGIO DE SÁ
 PRESIDENT OF DETRAN

ISSUER'S SIGNATURE

00258154111
 SP028905579

LAMINATION PROHIBITED

5046938409

SÃO PAULO

*DL - Driver's License

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 11, 2026

REPUBLICA FEDERATIVA DO BRASIL
 MINISTERIO DOS TRANSPORTES
 SECRETARIA NACIONAL DE TRANSITO

CARTEIRA NACIONAL DE HABILITAÇÃO / DRIVER LICENSE / PERMISO DE CONDUCCIÓN

2º e 1º NOME E SOBRENOME: ROSINEIRE FERREIRA DE ARAGAO
 11º HABILITAÇÃO: 24/08/2025

3 DATA LOCAL E UF DE NASCIMENTO: 27/11/1972 CANAVIEIRAS/BA

4a DATA EMISSÃO: 25/08/2025
 4b VALIDADE: 23/08/2026
 ACC: P

4c DOC IDENTIDADE / ORG EMISSOR / UF: 25523688 SSP/SP

4d CPF: 168.859.308-06
 5 Nº REGISTRO: 09091782775
 9 CAT HAB: B

NACIONALIDADE: BRASILEIRO(A)

FILIAÇÃO: SIMAO URBANO DE ARAGAO

ROSA MARIA FERREIRA DE ARAGAO

7 ASSINATURA DO PORTADOR

9	10	11	12
ACC			
A			
A1			
B		23/08/2026	
B1			
C			
C1			

9	10	11	12
D			
D1			
BE			
CE			
C1E			
DE			
D1E			

12 OBSERVAÇÕES
 EAR
 -00057

EDUARDO AGGIO DE SA
 PRESIDENTE DO DETRAN-SP

ASSINATURA DO EMISSOR
 00258154111
 SP028905579

LOCAL: SAO PAULO, SP

SÃO PAULO

VALIDA EM TODO O TERRITÓRIO NACIONAL

5046938409

PROIBIDO PLASTIFICAR

5046938409

MINISTRY OF FINANCE



Federal Revenue Service
Individual Taxpayer Registry (CPF)



PROOF OF REGISTRATION

Number
168.859.308-06

Name
ROSINEIRE FERREIRA DE ARAGAO

Date of Birth
11/27/1972

VALID ONLY WITH PROOF OF IDENTIFICATION

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 11, 2026



MINISTÉRIO DA FAZENDA

Receita Federal

Cadastro de Pessoas Físicas



COMPROVANTE DE INSCRIÇÃO

Número

168.859.308-06

Nome

ROSINEIRE FERREIRA DE ARAGAO

Nascimento

27/11/1972

VÁLIDO SOMENTE COM COMPROVANTE DE IDENTIFICAÇÃO

Exhibit 2 - Evidence of Legal Status

 For: **ROSINEIRE FERREIRA DE ARAGAO**



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 754904545A4

Arrival/Issued Date: 2025 October 07

Class of Admission: B2

Admit Until Date: 2026 April 05

Details provided on the I-94 Information form:

Last/Surname: FERREIRA DE ARAGAO

First (Given) Name: ROSINEIRE

Birth Date: 1972 November 27

Document Number: GH113421

Country of Citizenship: Brazil

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 02/28/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GH113421**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2025-10-07	Arrival	SFR

OMB No. 1651-0111 Expiration Date: 02/28/2026

PERSONAL STATEMENT
REQUEST FOR EXTENSION OF STAY – B1/B2

I, Rosineire Ferreira de Aragão, holder of Brazilian passport No. GH113421, 53 years old, divorced, airport security officer, residing at Rua Granito, No. 393, Vila União, Guarulhos – SP, Brazil, respectfully present the reasons for requesting a temporary extension of my stay in the United States under B1/B2 visitor status.

I arrived in the United States on October 7, 2025, solely for tourism and to visit cultural and historical landmarks. Since my arrival, I have had the opportunity to visit several important places, always fully respecting the conditions of my visa.

During my trip to the United States, I visited cities like San Francisco and Las Vegas, where I had the opportunity to see iconic landmarks such as the Golden Gate Bridge, the Hollywood Walk of Fame, and the Las Vegas Strip, as well as museums, parks, and other cultural attractions that represent different aspects of American culture.

I am currently in the state of California, still engaged in strictly tourist activities. Due to the vast territorial expanse of the United States and the number of places of tourist interest, the period initially granted for my stay was not sufficient to complete my entire planned travel itinerary.

If this extension is granted, I intend to continue my trip by visiting other important cities in the United States, especially New York, Washington, D.C., and Miami, where I plan to visit tourist attractions, historical monuments, museums, parks, and other cultural attractions.

In New York, I plan to visit world-renowned tourist attractions such as the Statue of Liberty, Central Park, Times Square, Brooklyn Bridge, Empire State Building, and the 9/11 Memorial and Museum, in addition to visiting important museums such as the Metropolitan Museum of Art (MET) and the Museum of Natural History.

In Washington, D.C., I intend to visit the main monuments and historical institutions of the United States, including the White House, the Capitol, the Lincoln Memorial, the Washington Monument, the National Mall, and the various museums of the Smithsonian Institution, which have great cultural and historical relevance.

In Miami, I plan to visit well-known attractions such as South Beach, Ocean Drive, Little Havana, Bayside Marketplace, Wynwood Walls, and the Vizcaya Museum and Gardens.

My current plan is to remain in the United States until approximately October 1, 2026, the date on which I intend to return to Brazil.

Throughout my stay in the United States, I have not engaged in any work activity, and I have no intention of working during my stay in the country.

In Brazil, I have an approximate monthly income of R\$5,000.00, derived from my work as an airport security officer at Albatroz Segurança. In addition, I have financial resources available to cover my trip, including expenses for accommodation, food, transportation, and other tourist activities.

To prove my financial capacity, I will present bank and financial statements showing that I have the conditions to bear all travel costs without the need to work in the United States.

I also maintain strong ties with Brazil, which require my return after this temporary trip. I have a permanent residence in Guarulhos, São Paulo, close family members in Brazil, and personal and professional commitments that require my presence after the end of this trip.

I declare, under penalty of law, that all the information presented in this statement is true and correct. I reiterate that the purpose of my stay in the United States is exclusively tourism and that I will fully respect the rules of my B1/B2 status, leaving the country at the end of the authorized period.

I respectfully thank you for considering this request.

California, March 4, 2026.

Respectfully,

-----//signature//-----

Rosineire Ferreira de Aragão

Telephone: +1 (925) 514-9501

Email: jasmynne.myne16@gmail.com

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 13, 2026

PERSONAL STATEMENT
REQUEST FOR EXTENSION OF STAY – B1/B2

Eu, Rosineire Ferreira de Aragão, portadora do passaporte brasileiro nº GH113421, com 53 anos, divorciada, segurança aeroportuária, residente na Rua Granito, nº 393, Vila União, Guarulhos – SP, Brasil, venho respeitosamente apresentar os motivos para a solicitação de extensão temporária da minha permanência nos Estados Unidos sob o status de visitante B1/B2.

Cheguei aos Estados Unidos em 07 de outubro de 2025, com o objetivo exclusivo de turismo e visita a pontos culturais e históricos. Desde minha chegada, tive a oportunidade de conhecer diversos locais importantes, sempre respeitando integralmente as condições do meu visto.

Durante minha viagem aos Estados Unidos, visitei cidades como San Francisco e Las Vegas, onde tive a oportunidade de conhecer pontos turísticos icônicos como a Golden Gate Bridge, a Hollywood Walk of Fame e a Las Vegas Strip, além de museus, parques e outras atrações culturais que representam diferentes aspectos da cultura norte-americana.

Atualmente encontro-me no estado da Califórnia, ainda realizando atividades estritamente turísticas. Em razão da grande extensão territorial dos Estados Unidos e da quantidade de locais de interesse turístico, o período inicialmente concedido para minha permanência não foi suficiente para concluir todo o roteiro de viagem que planejei.

Caso esta extensão seja concedida, pretendo continuar minha viagem visitando outras cidades importantes dos Estados Unidos, especialmente New York, Washington D.C. e Miami, onde planejo conhecer pontos turísticos, monumentos históricos, museus, parques e outras atrações culturais.

Em New York, planejo conhecer pontos turísticos mundialmente reconhecidos, como a Estátua da Liberdade, Central Park, Times Square, Brooklyn Bridge, Empire State Building e o Memorial e Museu do 11 de Setembro, além de visitar museus importantes como o Metropolitan Museum of Art (MET) e o Museu de História Natural.

Em Washington, D.C., pretendo visitar os principais monumentos e instituições históricas dos Estados Unidos, incluindo a Casa Branca, o Capitólio, o Lincoln Memorial, o Washington Monument, o National Mall e os diversos museus do Smithsonian Institution, que possuem grande relevância cultural e histórica.

Já em Miami, planejo conhecer atrações conhecidas como South Beach, Ocean Drive, Little Havana, o Bayside Marketplace, o Wynwood Walls e o Vizcaya Museum and Gardens.

Meu planejamento atual é permanecer nos Estados Unidos até aproximadamente 1 de outubro de 2026, data em que pretendo retornar ao Brasil.

Durante toda a minha estadia nos Estados Unidos não exerci e não exerço qualquer atividade de trabalho, e não tenho intenção de trabalhar durante minha permanência no país.

No Brasil possuo renda mensal aproximada de R\$ 5.000,00, proveniente de meu trabalho como segurança aeroportuária na empresa Albatroz Segurança. Além disso, possuo recursos financeiros disponíveis para custear minha viagem, incluindo despesas com hospedagem, alimentação, transporte e demais atividades turísticas.

Para comprovar minha capacidade financeira, apresentarei extratos bancários e financeiros que demonstram que possuo condições de arcar com todos os custos da viagem sem necessidade de trabalhar nos Estados Unidos.

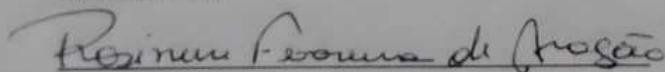
Também mantenho fortes vínculos com o Brasil, que exigem meu retorno após esta viagem temporária. Possuo residência fixa em Guarulhos, São Paulo, familiares próximos no Brasil e compromissos pessoais e profissionais que demandam minha presença após o término desta viagem.

Declaro, sob as penas da lei, que todas as informações apresentadas nesta declaração são verdadeiras e corretas. Reitero que o propósito da minha permanência nos Estados Unidos é exclusivamente turístico e que respeitarei integralmente as regras do meu status B1/B2, deixando o país ao término do período autorizado.

Agradeço respeitosamente a análise deste pedido.

California, 04 de março de 2026.

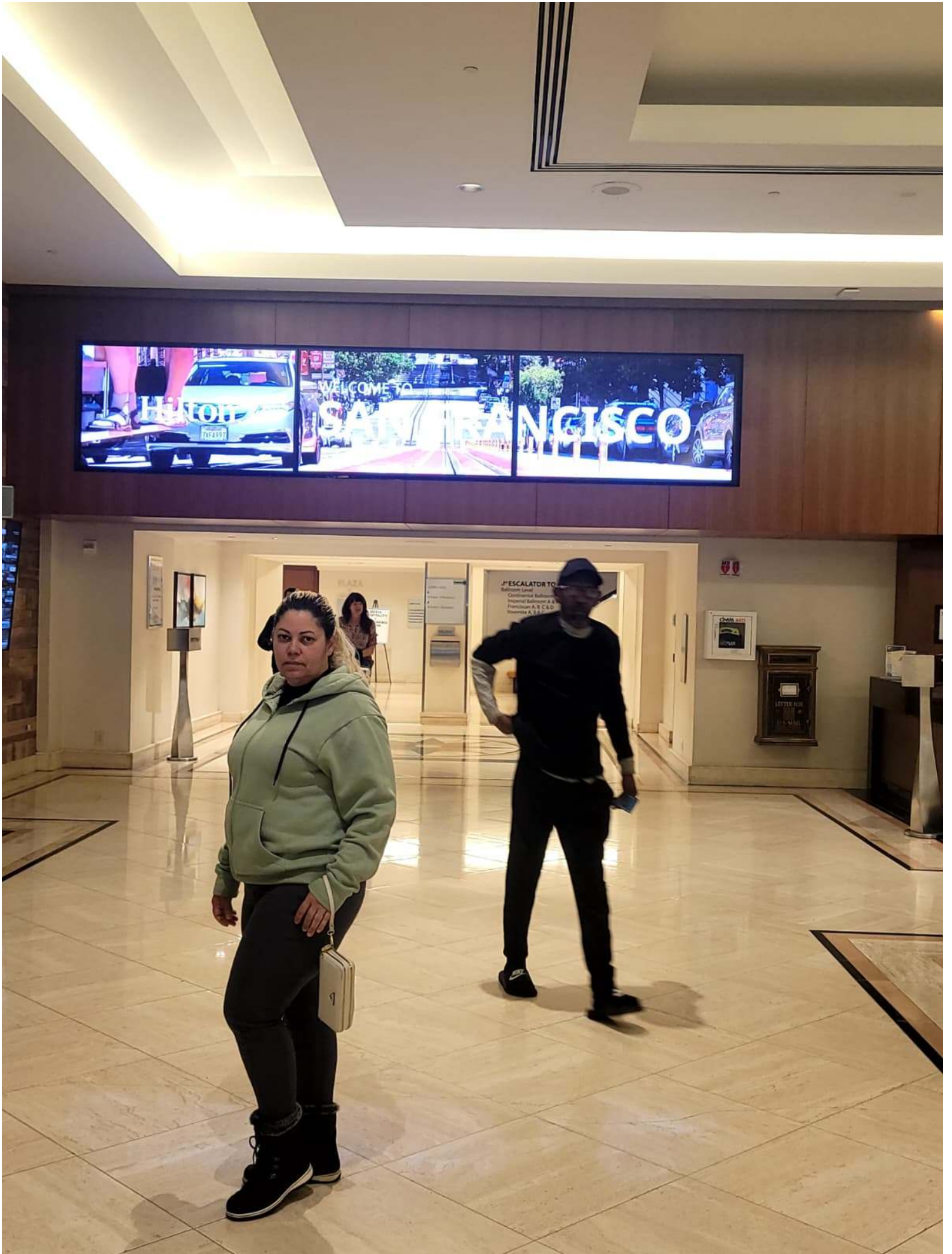
Atenciosamente,



Rosineire Ferreira de Aragão

Telefone: +1 (925) 514-9501

E-mail: jasmynne.myne16@gmail.com









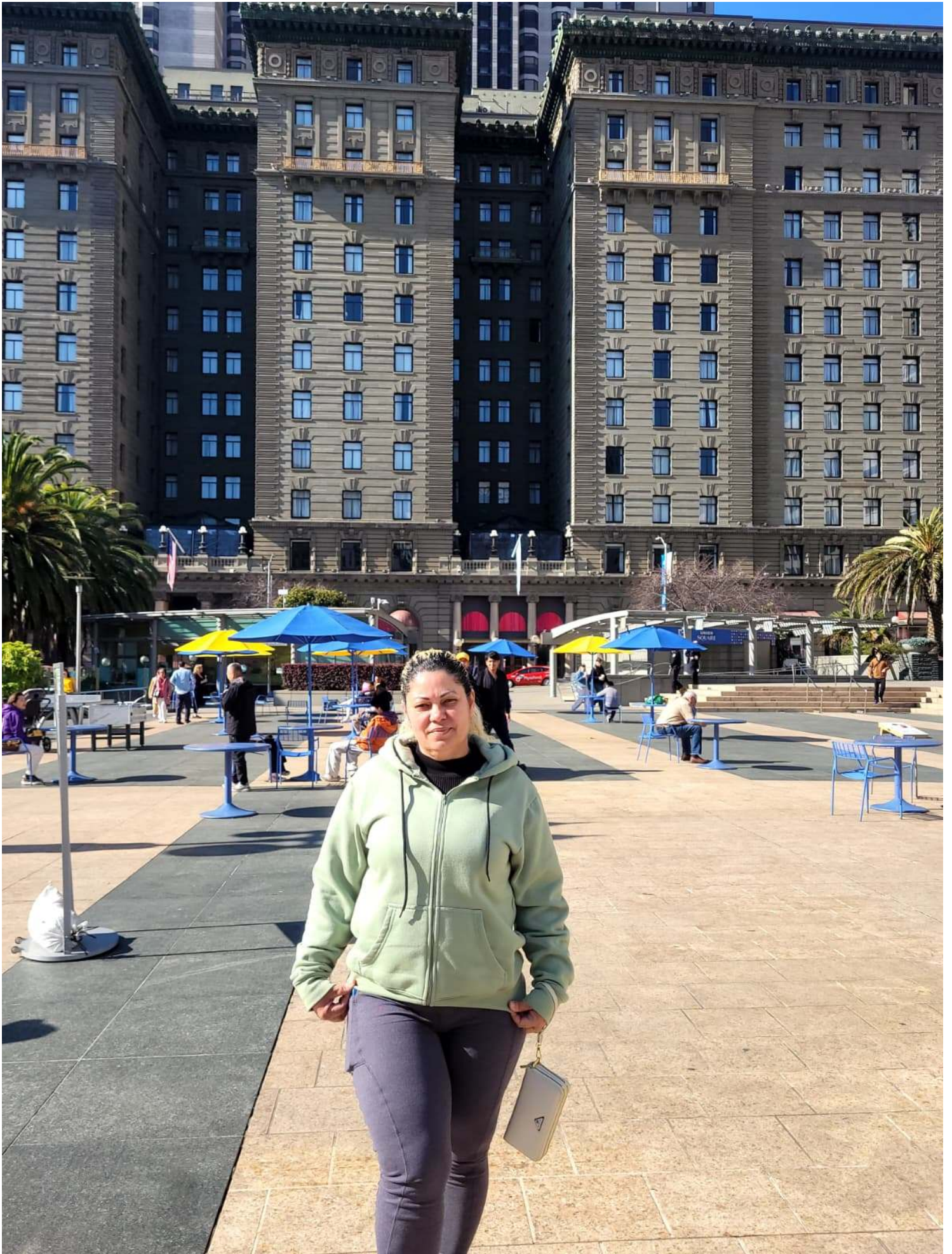


Exhibit 3 - Evidence of Financial Resources



BANK OF AMERICA, N.A. (THE "BANK")

Transaction History

ROSINEIRE FERREIRA DE ARAGAO

ADV SAFE BALANCE BANKING

**** 7827

Last Posting Date 03/09/2026

Date/Time Printed 3/10/2026 4:05 PM EST

Since Last Statement Summary

Last Statement Date 02/06/2026

Balance Last Statement (\$)

\$1,937.91

Deposits/Credits (+)

6

\$1,220.00

Holds (-)

Withdrawals/Debits (-)

2

\$2,350.00

Pending Credits (+)

\$12,611.69

Available Balance (\$)

#Counts include posted items only--intraday items are not included in the counts
Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description	Amount Included in Available Balance	Type	Amount	Available Balance
03/04/2026	CHECKCARD 0303 ATT*BUS PHONE PMT		Debit	-\$74.60	\$12,611.69
		800-331-0500 TX 24055236063667872310309			

No More Activity For This Account

For additional information or service, please contact the Customer Service Center at 1-800-432-1000
* = Item(s) included in Previous Statement(s).

**** 7827

00-14-9036M 11-2010
NCA



BANK OF AMERICA
 BANK OF AMERICA, N.A. (THE "BANK")

Transaction History

ROSINEIRE FERREIRA DE ARAGAO

ADV SAFE BALANCE BANKING

**** * 7827

Last Posting Date 03/09/2026

Date/Time Printed 3/10/2026 4:05 PM EST

Since Last Statement Summary

Last Statement Date 02/06/2026

Balance Last Statement (\$) \$1,937.91

Deposits/Credits (+) # 6 \$1,220.00 Holds (-)

Withdrawals/Debits (-) # 2 \$2,350.00 Pending Credits (+)

Available Balance (\$) \$12,611.69

#Counts include posted items only-Intraday items are not included in the counts
 Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description	Amount	Type	Available Balance
03/04/2026	CHECKCARD 0303 ATT*BUS PHONE PMT	-		
	800-331-0500 TX 24055236063667872310309	-\$74.60	Debit	\$12,611.69

No More Activity For This Account

For additional information or service, please contact the Customer Service Center at 1-800-432-1000

* = Item(s) Included in Previous Statement(s)

**** * 7827

Exhibit 4 - Evidence of Strong Ties to Brazil



Order: 3434580
Name: ROSA MARIA BONIFACIO
Physician: FELIPE DE PAULA
Insurance: AMIL

Medical Record No. 04413741
Date: 05/02/2025
Medical License (CRM): 190491

MRI OF THE LUMBOSACRAL SPINE

Technique:

Multiplanar T1- and T2-weighted images were obtained without intravenous administration of paramagnetic contrast.

Findings:

Findings consistent with spondyloarthrosis, characterized by marginal osteophytes along some vertebral bodies and T2 hypointensity of some intervertebral discs. Degenerative osteohypertrophic changes of the facet joints.

The spinal canal is normal in morphology and caliber.

The neural foramina evaluated are preserved in size.

Posterior broad-based disc protrusion at L1-L2, deforming the ventral aspect of the dural sac.

Left paracentral disc protrusion at L4-L5, deforming the ventral aspect of the dural sac.

Posterior midline disc protrusion at L5-S1, deforming the ventral aspect of the dural sac.

The conus medullaris is normal in position, caliber, and signal intensity.

No abnormalities of the paravertebral structures.

Impression:

Spondyloarthrosis.

Disc protrusions at L1-L2, L4-L5, and L5-S1.

----//signature//----

DR. WU MENG FENG
CRM 91351

Full Name	Rosa Maria Bonifacio	Admission Date	06/30/2025 3:28:12 p.m.
Encounter No.	11067968	Sex	Female
Medical Record No.	2077438	Age	70y 9m
Date of Birth	09/21/1954	Mother's Name	
Insurance	AMIL GROUP (Amil/Amil Planos/ Dix/Medial/Lincx/One)	Discharge Date	

Admission Diagnosis: None

Discharge Diagnosis: M545 - Low back pain

Allergies:

Comorbidity: HTN (Systemic Arterial Hypertension)

Main clinical findings during hospitalization (physical examination and other significant findings):
PERCUTANEOUS TREATMENT FOR LOW BACK PAIN WAS PERFORMED WITHOUT COMPLICATIONS.

Main surgical procedures: Actual start date: 06/30/2025 - Procedure code: 31403034 - Percutaneous Denervation of the Facet Joints – Nerves

Critical imaging study(ies): No

Critical laboratory test(s): No

Critical blood glucose: No

Does the patient have any orthoses, prostheses, or special materials? No

Invasive devices at discharge: No

Medications used during hospitalization (medications administered): None

Medications prescribed at discharge (medications to take home): None

Patient condition at discharge: Improved

Vital Signs: Date: 06/30/2025 5:20:00 p.m. – SBP (systolic blood pressure): 190 – DBP (diastolic blood pressure): 90 – HR (heart rate): 89 – RR (respiratory rate): 18 - SpO2 (peripheral oxygen saturation): 91 - TEMPERATURE: 36 - Weight: - Height:

Patient requiring external tests, procedures, and/or consultations: No

Follow-up with your physician or the specialty service, specify which specialty:

Other:

---//signature//---

Instructions:

Dr. Felipe de Paula
Physician
CRM-SP 190491

When to return to the Emergency Department: LOSS OF STRENGTH

OBSERVATION: Follow-up of your clinical condition should be carried out by your private physician. If you do not have one and require medical follow-up, schedule an appointment with our specialists.

Sonolayer Diagnostic Center



Order: 3434581
Name: ROSA MARIA BONIFACIO
Physician: FELIPE DE PAULA
Insurance: AMIL

Medical Record No. 04413741
Date: 05/02/2025
Medical License (CRM): 190491

CHEST RADIOGRAPH

Findings of thoracic spondylosis.

Normal transparency of the pulmonary parenchyma.

Costophrenic angles are clear.

Cardiothoracic ratio at the upper limit of normal. Elongated aorta with calcified plaques.

---//signature//---

DR. JOSE RICARDO ANIJAR
CRM 65477
RQE (Specialty Qualification Registration) 52535

Imaging Unit - Avenida Salgado Filho 292 – Guarulhos Downton-SP, ZIP Code 07115-000
Clinical Laboratory Unit – Avenida Salgado Filho, 240 - Guarulhos Downton-SP, ZIP Code 07115-000
Phone: (11) 2713-6400 – www.sonolayer.com.br – sac@sonolayer.com.br

COMPUTED TOMOGRAPHY OF THE PARANASAL SINUSES

TECHNIQUE: CT study performed with axial images and multiplanar reconstructions, without intravenous administration of iodinated contrast material.

Clinical indication: additional diagnostic evaluation.

FINDINGS:

Bony walls of the paranasal sinuses, nasal cavity, and orbital cavities without abnormalities.

Lobulated soft-tissue attenuation material filling all paranasal sinus cavities and the nasal cavities, partially sparing the inferior meatuses, associated with foci of resorption of the ethmoidal bony trabeculae and widening of the infundibula and recesses. There are air-fluid levels and bubbly material within the maxillary and sphenoid sinuses, and acute sinus disease cannot be excluded. Also noted is soft-tissue attenuation material in the middle nasal fossae with obliteration of the middle nasal meatuses, as well as poor definition of the contours of the nasal turbinates. Obliteration and widening of the ostiomeatal complexes and the frontal and sphenoidal recesses by soft-tissue attenuation material. Overall, the findings are suggestive of sinonasal polyposis, associated with signs of acute sinus disease.

Nasal septum deviated to the right.

Asymmetric ethmoidal fossae, lower on the right.

Pneumatization of the middle nasal turbinate.

Nasal cavity with no abnormalities of the middle and inferior nasal turbinates.

Nasopharynx without abnormalities detectable on CT (Eustachian tube, torus tubarius, and Rosenmüller fossa with preserved appearance).

Thickening of the posterior wall of the nasopharynx, reducing the dimensions of the air column.

Reduced retropharyngeal airway column.

Endoscopic Nasopharyngolaryngoscopic Diagnosis

Patient: Rosa Maria Bonifácio

Date: 11/18/2024

CHIEF COMPLAINT:

REPORT:

NOSE: No septal deviation is present; hypertrophic turbinates (+++/4+), pale (+++/4+), with the nasal floors and meatuses showing clear secretions.

PHARYNX/NASOPHARYNX: No abnormalities are seen on examination, with ostia patent bilaterally.

MUELLER maneuver not performed.

OROPHARYNX: Hyperemic palatine tonsils, 2+/4+, with no abnormalities of the hypopharyngeal structures.

HYPOPHARYNX: No abnormalities are present, including the piriform sinuses, valleculae, aryepiglottic ligament, and epiglottis. Edema and hyperemia of the arytenoid.

LARYNX: Preserved phonatory mobility of both vocal folds was observed.

IMPRESSION: Rhinitis (with hypertrophy of the nasal turbinates)
Acute tonsillitis
Laryngitis (signs of GERD - Gastroesophageal Reflux Disease)

Dr. Alexandre Yamashita

CRM 95382

----//signature//----



Núcleo Médico Sanematsu

(Sanematsu Medical Center)

EXAMINATION: Video nasopharyngofibrolaryngoscopy

NAME: **ROSA MARIA BONIFACIO**, 09/21/1954 71 years old

DATE: October 23, 2025

REQUESTING PHYSICIAN: Dr. FREDERICO DO NASCIMENTO FERNANDES
FILHO

The endoscope was introduced through both nasal cavities after topical application of 2% xylocaine, revealing edema and pallor of the nasal mucosa, as well as 2+/4+ hypertrophy of the inferior turbinates. Presence of rightward nasal septal deviation in Cottle area IV, grade 1. The middle meatuses and sphenoidal recesses are free of secretions, mucosal degeneration, and other apparent obstructive factors.

The nasopharynx shows preserved mucosa. The Eustachian tube orifices and Rosenmüller fossae are clear.

The valleculae, piriform sinuses, and walls of the hypopharynx show no abnormalities.

The supraglottic region, including the epiglottis, aryepiglottic folds, and ventricular bands, shows no apparent abnormalities. Moderate edema of the interarytenoid region is noted.

The vocal cords demonstrate preserved mobility bilaterally.

The subglottic region shows no abnormalities identifiable by this method.

Impression: Findings suggestive of chronic rhinopathy, hypertrophy of the inferior turbinates, rightward nasal septal deviation, and moderate edematous appearance of the interarytenoid region.

Note: We suggest, at the physician's discretion, considering the possibility of laryngopharyngeal reflux.

Alexandre Yakushijin Kumagai

CRM 173309

PRESCRIPTION

For Mrs.

Rosa Maria Bonifacio, 09/21/1954.

Encounter: 11905262

Address: Rua Granito, 393 Vila União Guarulhos SP

Oral Use

1) Floratil 200 mg (*Saccharomyces boulardii*)

Take 1 tablet every 8 hours for 2 days.

2) Vonau Flash 4 mg (Ondansetron) or Plasil 10 mg (Metoclopramide)

Take 1 tablet every 8 hours if nausea or vomiting occurs.

3) Buscopan Composto (Scopolamine + Dipyrrone) **or**

Take 1 tablet every 6 hours if cramping or diarrhea occurs.

General Instructions:

Drink plenty of fluids (water, juices, electrolyte drinks, coconut water), especially after each bowel movement.

Try to eat every 3 hours, preferably foods such as rice, chicken, cooked vegetables, and saltine crackers. Avoid fatty foods, foods high in artificial coloring, raw foods, and milk.

Return to the emergency department if symptoms persist for more than 7 days, if there is blood or mucus in the stool, or if there are signs of clinical worsening such as lethargy, dehydration, persistent vomiting, or fever.

*Dr. Mônica Angela Cruz de Almeida Felix
Physician
CRM-SP: 267588
-----/signature/-----*

Document digitally signed on 02/13/2026 at 1:24 p.m. by Dr. Mônica Angela Cruz Almeida Felix
02/13/2026 1:24 p.m.

Dr. Mônica Angela Cruz de Almeida Felix
CRM 267588

PRESCRIPTION

For Mrs.

Rosa Maria Bonifacio, 70y 5m 17d.

Encounter: 10395430

1. Losartan 50 mg — Continuous use.

Take 1 tablet by mouth in the morning.

2. Pantoprazole 40 mg — Continuous use.

Take 1 tablet by mouth early in the morning on an empty stomach.

-----//signature//-----
Renner Ribeiro da Silva
CRM-SP: 123616

03/10/2025 12:06:43 p.m.

Dr. Renner Ribeiro Da Silva
CRM 123616

R BARAO DE MAUA, 100, TERREOPARTE TERREOPARTE | N
Zip Code: 07012-040 – GUARULHOS – SP –
Phone: 11



Medical Report

Level 2 Referral

Place of Issue
AMIL ESPAÇO SAÚDE GUARULHOS (720)

Date
11/24/2025 9:58:49 a.m.

Patient
ROSA MARIA BONIFACIO

To the PSYCHIATRY outpatient clinic
Dear Colleague, I am referring the above-named patient to you for evaluation and opinion.
To the PSYCHIATRY outpatient clinic

----//signature//----
Dr. Ariel Penalzoza B.
CRM: 103603
CNS 706804247240222

Thank you,

ARIEL INTIPENALOZA BAZOBERRY

Physician's Stamp and Signature

Diagnostic Impression
Anxiety

Reason for Referral
Patient experienced a hypertensive spike during endoscopy and is already under the care of a cardiologist.

Procedures and Tests Performed (results attached)
Clinical complaint

Response Report Consultation performed on: / /

Diagnosis

Management

Procedures and Tests Performed (results attached)

Surgical Indication: () Yes () No Which one? (describe below)

Physician's Stamp and Signature



Patient: ROSA MARIA BONIFACIO

Date: 05/02/2025

Patient Code: 04413741

ROSA MARIA BONIFACIO
Sex: Female
Date of Birth: 09/21/1954
ID 04413741
3434581

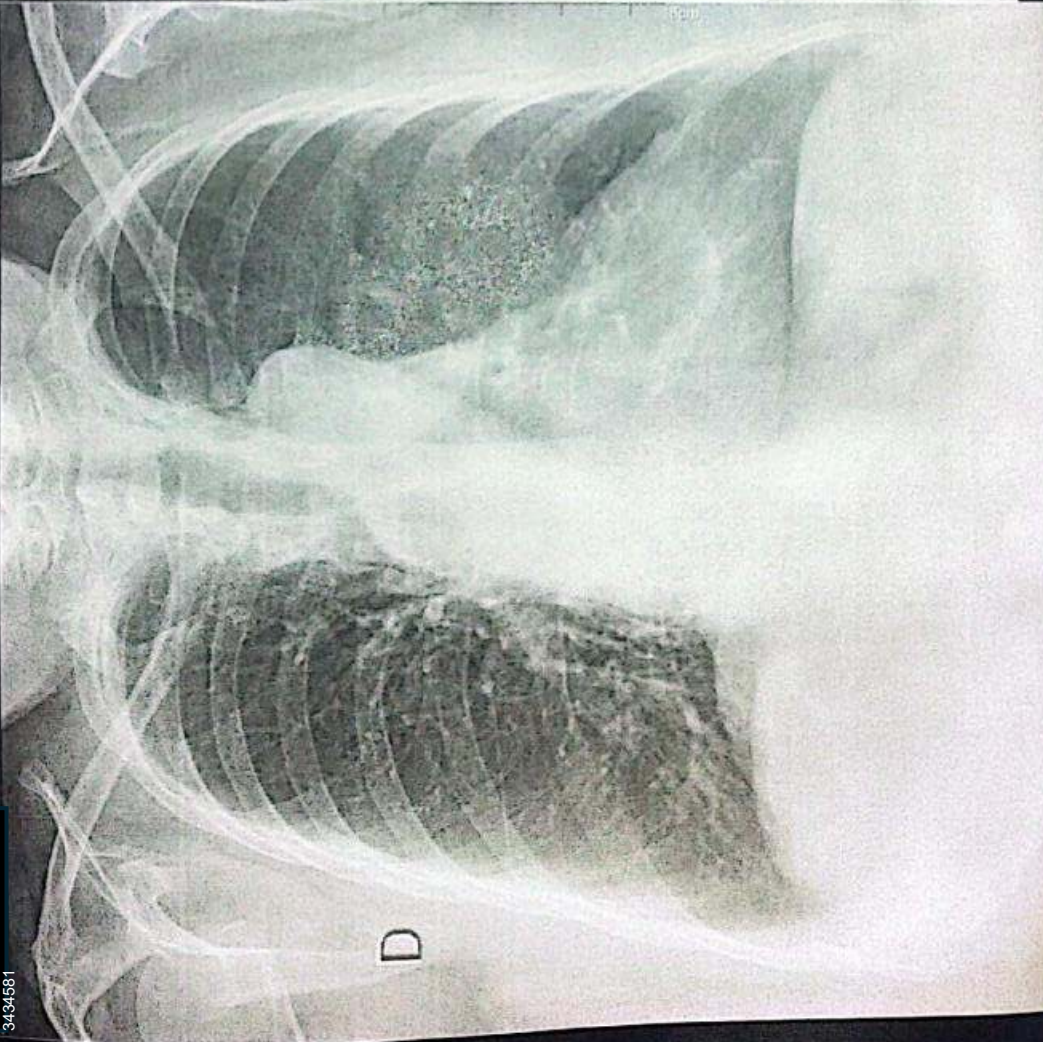
Acquisition date: 05/02/2025
Acquisition time: 2:43:29 p.m.
Exposure index: 781

ROSA MARIA BONIFACIO
Sex: Female
Date of Birth: 09/21/1954
ID 04413741
3434581

Order No.



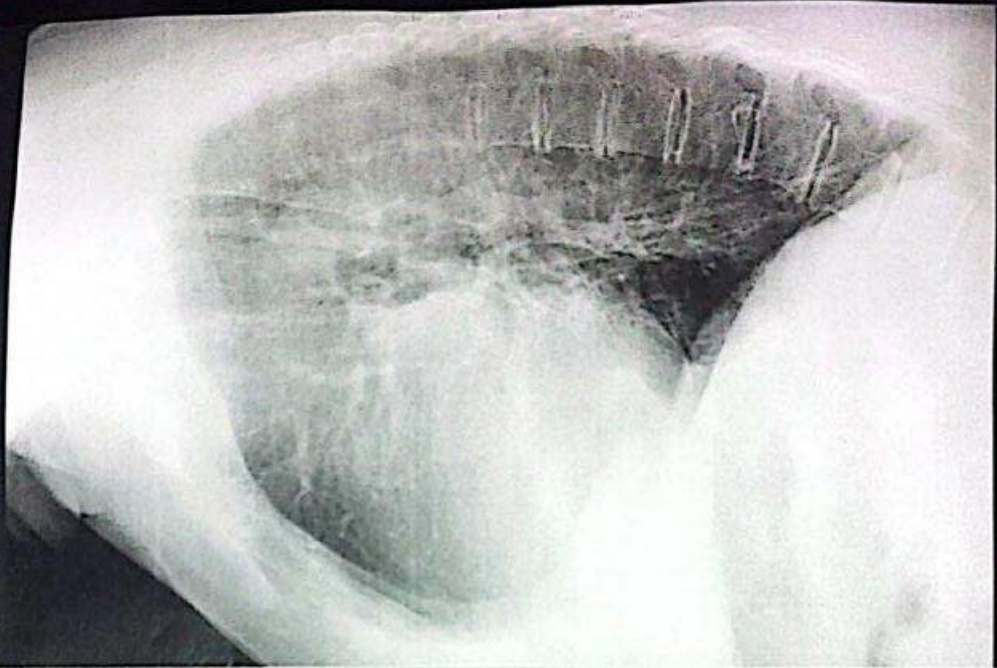
Acquisition date: 05/02/2025
Acquisition time: 2:43:53 p.m.
Exposure index: 781



PA
CHEST
W: 3036 L: 1853
Technician / adm ID

4cm

Scale: 0.86
SONOLAYER



LATERAL
CHEST
W: 3118 L: 1984
Technician / adm ID

4cm

Scale: 0.70
SONOLAYER

Pipette



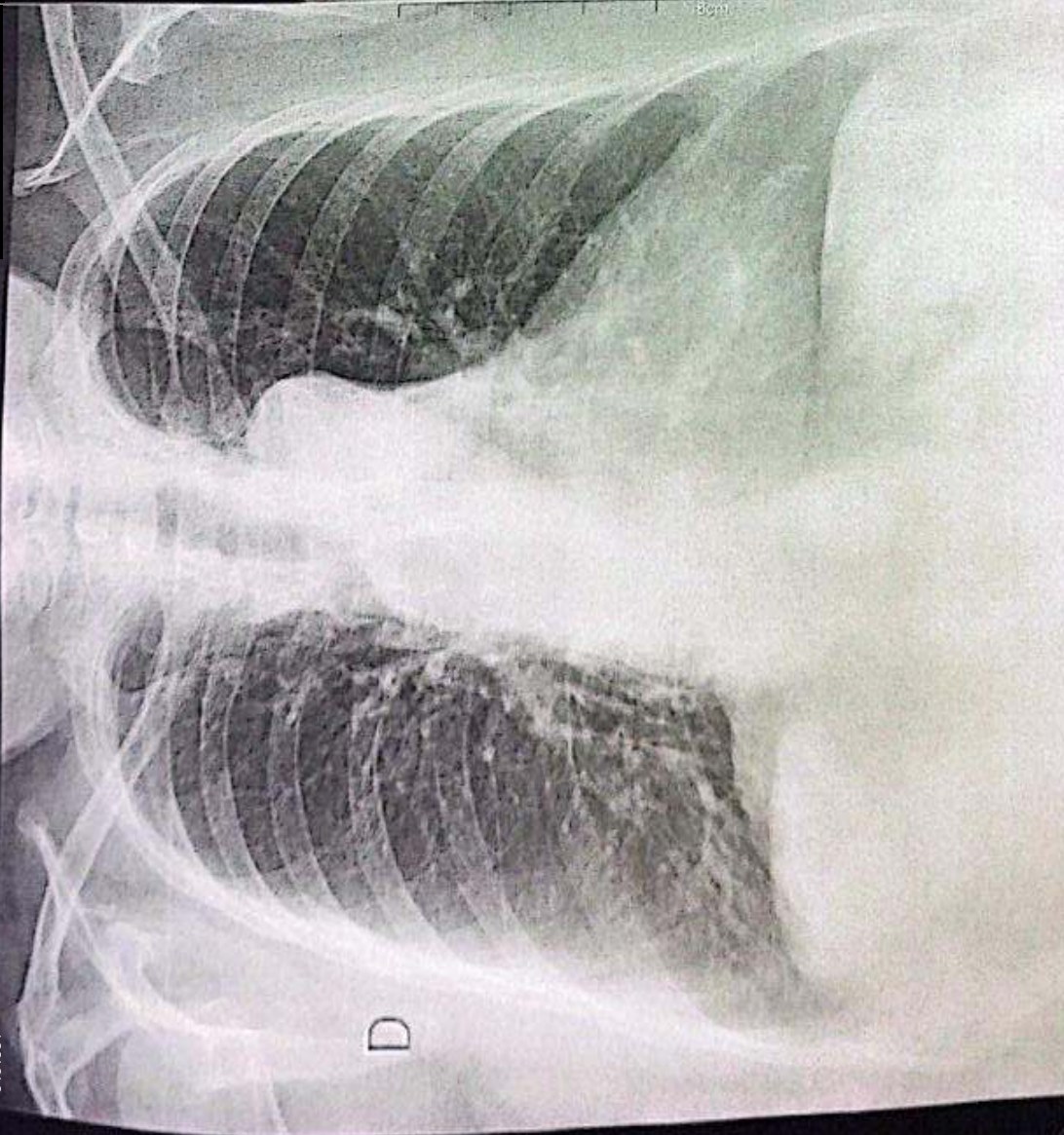
Patient: ROSA MARIA BONIFACIO
Date: 05/02/2025
Patient Code: 04413741

ROSA MARIA BONIFACIO
Sex: Female
Date of Birth: 09/21/1954
ID 04413741
3434581

Acquisition date: 05/02/2025
Acquisition time: 2:43:29 p.m.
Exposure index: 781

ROSA MARIA BONIFACIO
Sex: Female
Date of Birth: 09/21/1954
ID 04413741
3434581

Acquisition date: 05/02/2025
Acquisition time: 2:43:53 p.m.
Exposure index: 781



PA
CHEST
W: 3036 L: 1853
Technician / adm ID

Scale: 0.86
SONOLAYER

4cm

4cm

LATERAL
CHEST
W: 3118 L: 1994
Technician / adm ID

Scale: 0.70
SONOLAYER

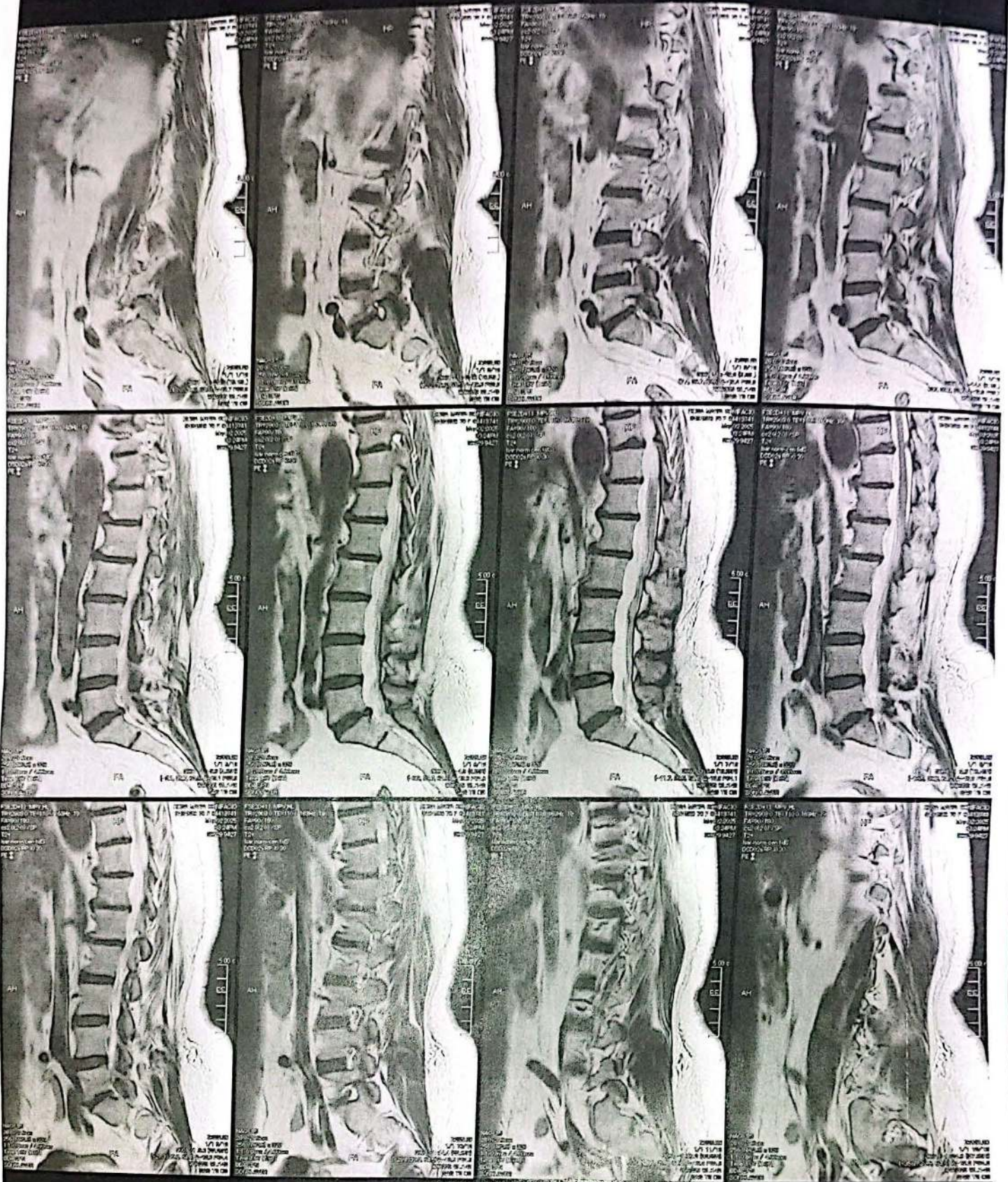


Order No.





Patient: ROSA MARIA BONIFACIO
Date: 05/02/2025
Patient Code: 04413741

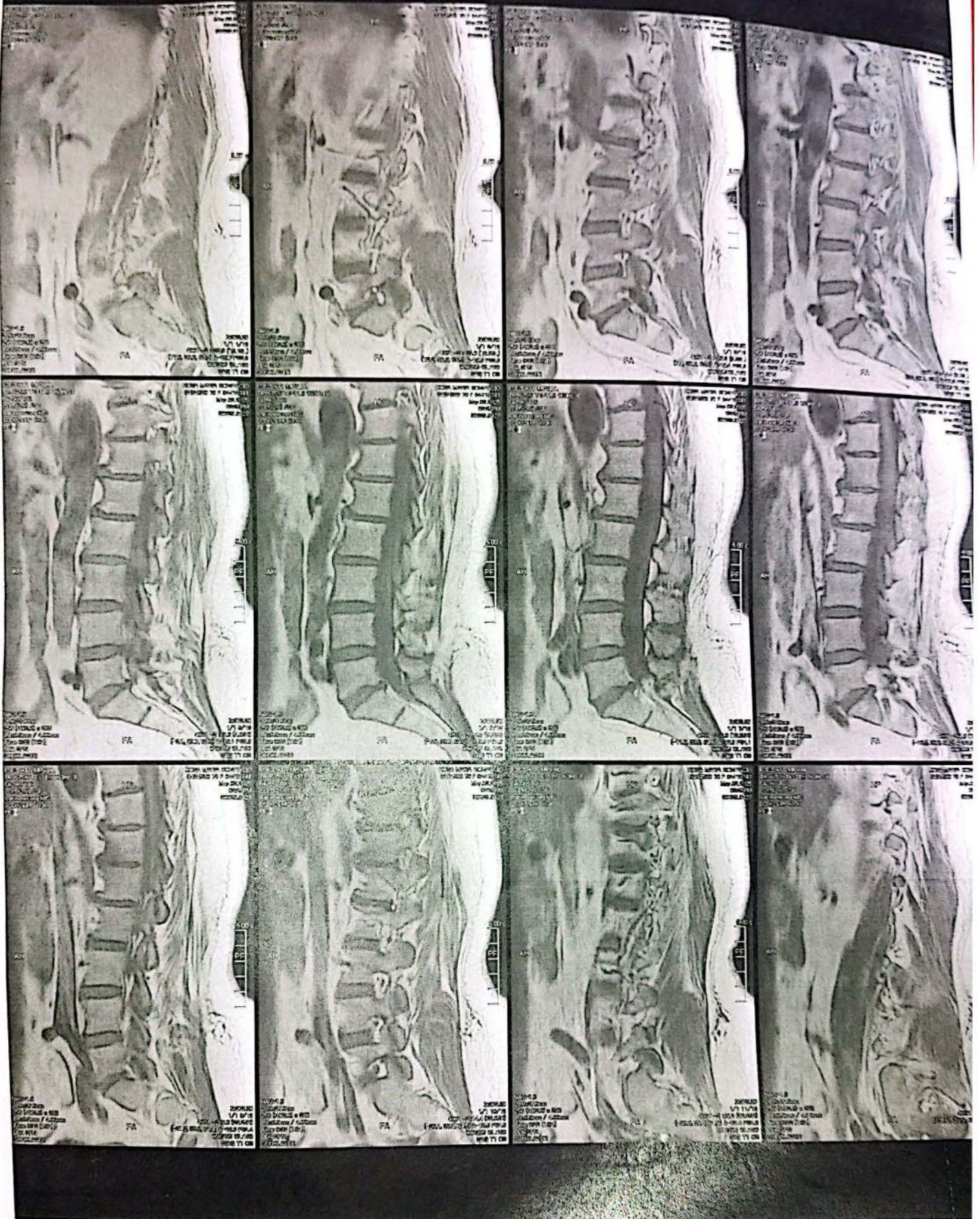


Source: MR_ORIAN



Patient: ROSA MARIA BONIFACIO
Date: 05/02/2025
Patient Code: 04413741

MINIMAX
SYSTEMS



Sonolayer Diagnostic Center



Order: 2995827
Name: ROSA MARIA BONIFACIO
Physician: FERNANDO SANTELLA
Insurance: SULAMERICACOMPANHIADESEGUR

Medical Record No. 04413741
Date: 09/18/2024
CRM: 144985

COMPUTED TOMOGRAPHY OF THE PARANASAL SINUSES

METHODOLOGY:

Multislice CT images were obtained, guided by digital radiography.

FINDINGS:

- The evaluated bony structures show a normal appearance on CT.
- Mucosal thickening of the right maxillary sinus.
- The remaining paranasal sinuses show normal aeration.
- Ostiomeatal units are patent.
- Ethmoidal fossae without significant asymmetry.
- Nasal septum without significant deviation.

---//signature//---

DR. SHIGUEMI AURO UEHARA
CRM 82162

Imaging Unit - Avenida Salgado Filho 292 – Guarulhos Downton-SP, ZIP Code 07115-000
Clinical Laboratory Unit – Avenida Salgado Filho, 240 - Guarulhos Downton-SP, ZIP Code 07115-000
Phone: (11) 2713-6400 – www.sonolayer.com.br – sac@sonolayer.com.br

[Unreadable] Center



[unreadable]	[unreadable]	Medical Record No.	04413741
[unreadable]	ROSA MARIA BONIFACIO	Date:	09/18/2024
[unreadable]	FERNANDO SANTELLA	CRM:	144985
Insurance:	SULAMERICACOMPANHIADESEGUR		

COMPUTED TOMOGRAPHY OF THE CHEST

METHODOLOGY:

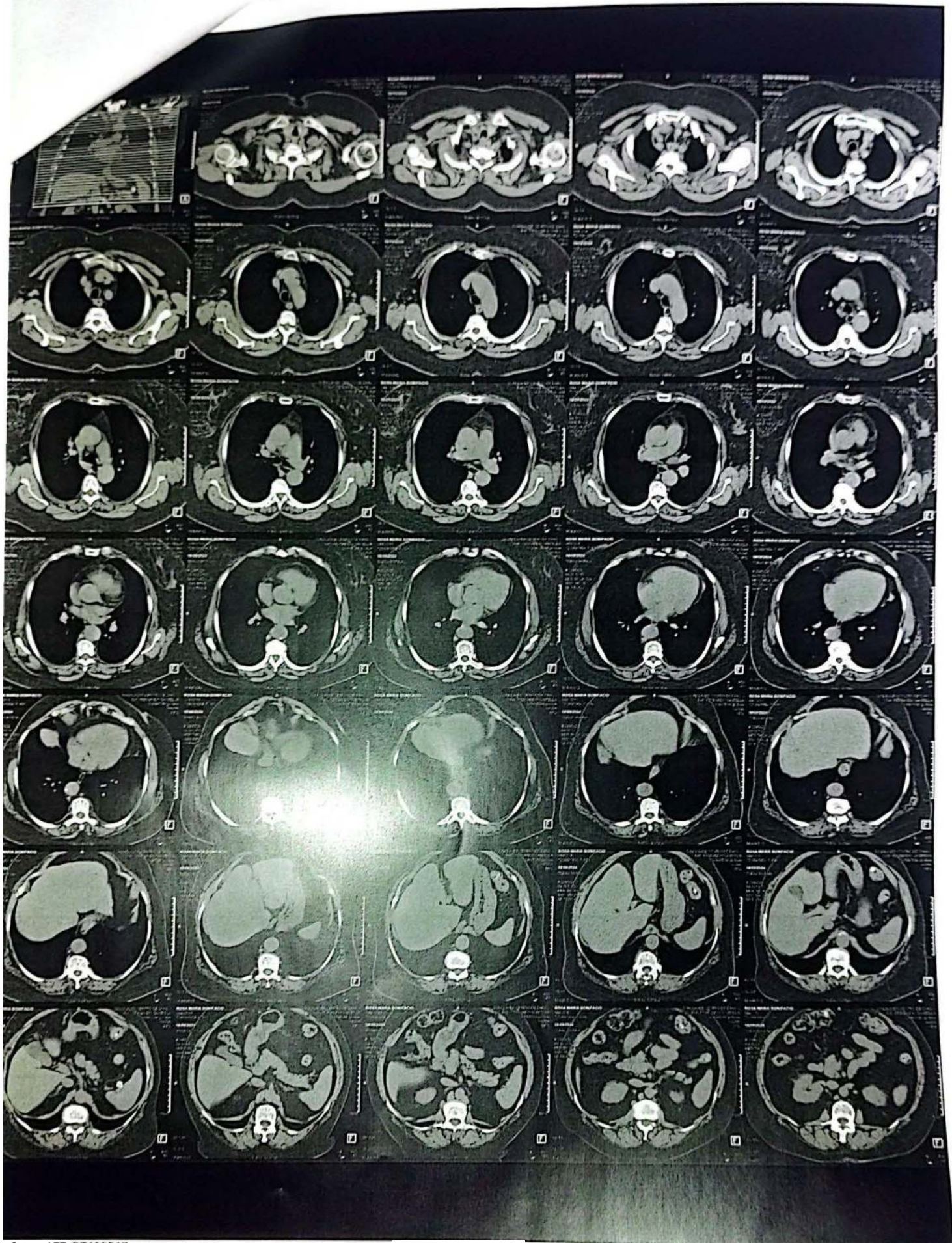
Multislice CT images were obtained, guided by digital radiography, without intravenous administration of contrast material.

FINDINGS:

- Atherosclerotic aorta with a tortuous course and preserved caliber.
- Cardiac size within normal limits.
- No significant mediastinal masses or lymphadenopathy are observed.
- Trachea and mainstem bronchi are patent.
- Faint multifocal bilateral ground-glass pulmonary opacities, predominantly peripheral in distribution. Although the imaging findings are not entirely specific, they may be compatible with infectious lung disease of viral etiology in the process of resolution.
- Tiny calcified nodule in the left upper lobe.
- No pleural effusion or pleural thickening.
- Thoracic spondyloarthritis.

---//signature//---
DR. SHIGUEMI AURO UEHARA
CRM 82162

Imaging Unit - Avenida Salgado Filho 292 – Guarulhos Downton-SP, ZIP Code 07115-000
Clinical Laboratory Unit – Avenida Salgado Filho, 240 - Guarulhos Downton-SP, ZIP Code 07115-000
Phone: (11) 2713-6400 – www.sonolayer.com.br – sac@sonolayer.com.br





Patient: ROSA MARIA BONIFACIO
Age: 69 years old (09/21/1954)
Insurance: SUL AMÉRICA
Requesting Physician: DR. CAROLINA LAILA FERRAZ – 180269/SP
Origin: SONOLAYER

Anatomic Pathology Examination - Simple Specimen

Case No.: 24-12255
Medical Record No.: 1772292
Specimen Site: Vulvar biopsy

Collection Date: 09/03/2024
Date Received: 09/04/2024
Processing Date: 09/05/2024
Report Release Date: 09/10/2024

Clinical Information:

Not provided.

Diagnostic Impression:

Not provided.

Methodology:

Specimens were received in fixative solution, properly identified with a label containing the patient's information and accompanied by supporting documentation and authorization for performance of the anatomic pathology examination. Histologic technique performed by NeuGen Diagnostic Solutions Laboratory - CFM-CRM registration No. 980842.

Gross Description:

Material submitted in: formalin.
Shape: irregular.
Measurements: 0.4 x 0.3 x 0.3 cm.
Epidermal surface: grayish and verrucous.
Cut surface: whitish and elastic.
All material was submitted for histologic examination: 1B/2F.

Microscopy

Analysis of the histologic sections allows the following conclusions:

Conclusion

Vulvar biopsy:

Intradermal melanocytic nevus.

Bibliography

Page: 1/2

11 3390.3955 | Av. Marquês de São Vicente, 1619 | Barra Funda | São Paulo-SP | ZIP Code: 01139-003 | neugen.com.br

The information contained in this report reflects the results based on the material submitted for analysis and on the data extracted from the medical request issued by the attending physician, which are kept in our records. Its proper interpretation is a medical act and depends on the combined analysis of the patient's clinical data and other examinations.



Patient: ROSA MARIA BONIFACIO
Age: 69 years old (09/21/1954)
Insurance: SUL AMÉRICA
Requesting Physician: DR. CAROLINA LAILA FERRAZ – 180269/SP
Origin: SONOLAYER

Rosai, J., & Ackerman, L. (2018).
Surgical Pathology (11th ed.)
Philadelphia: Elsevier.

Material Received - vulvar biopsy. 1 specimen; Lymph nodes: None; Margins: None

----//signature//----
NICOLLAS FUJIMOTO
CRM 210982/SP

Page: 2/2

11 3390.3955 | Av. Marquês de São Vicente, 1619 | Barra Funda | São Paulo-SP | ZIP Code: 01139-003 | neugen.com.br

The information contained in this report reflects the results based on the material submitted for analysis and on the data extracted from the medical request issued by the attending physician, which are kept in our records. Its proper interpretation is a medical act and depends on the combined analysis of the patient's clinical data and other examinations.



PRESCRIPTION

For Mrs.

Rosa Maria Bonifacio, 09/21/1954.

Encounter: 10992264

To the cardiologist

Patient admitted for elective percutaneous treatment for low back pain, currently with poorly controlled blood pressure, SBP > 200 mmHg. The procedure was suspended. I am referring the patient for medication adjustment and cardiac risk assessment.

----//signature//----

Dr. Fellipe de Paula
Physician
CRM 190491

06/15/2025 7:21:04 p.m.

Dr. Fellipe de Paula
CRM 190491

R BARAO DE MAUA, 100, TERREOPARTE TERREOPARTE | CENTRO
Zip Code: 07012-040 – GUARULHOS – SP –
Phone: 11

Full Name	Rosa Maria Bonifacio	Admission Date	06/16/2025 4:39:36 p.m.
Encounter No.	10992264	Sex	Female
Medical Record No.	2077438	Age	70y 8m
Date of Birth	09/21/1954	Mother's Name	
Insurance	AMIL GROUP (Amil/Amil Planos/ Dix/Medial/Lincx/One)	Discharge Date	

Admission Diagnosis: None

Discharge Diagnosis: I10 - ESSENTIAL (PRIMARY) HYPERTENSION

Allergies:

Comorbidity: HTN (Systemic Arterial Hypertension)

Main clinical findings during hospitalization (physical examination and other significant findings): Neurosurgery. Patient admitted for elective percutaneous treatment for low back pain, currently with poorly controlled blood pressure, SBP > 200 mmHg. The procedure was suspended, and the patient was referred to the Emergency Department for evaluation.

Main surgical procedures: No

Critical imaging study(ies): No

Critical laboratory test(s): No

Critical blood glucose: No

Does the patient have any orthoses, prostheses, or special materials? No

Invasive devices at discharge: No

Medications used during hospitalization (medications administered): None

Medications prescribed at discharge (medications to take home): To the cardiologist. Patient admitted for elective percutaneous treatment for low back pain, currently with poorly controlled blood pressure, SBP > 200 mmHg. The procedure was suspended. I am referring the patient for medication adjustment and cardiac risk assessment.

Patient condition at discharge: Improved

Vital Signs: No

Patient requiring external tests, procedures, and/or consultations: No

Follow-up with your physician or the specialty service, specify which specialty:

Other:

Instructions:

When to return to the Emergency Department:

OBSERVATION: Follow-up of your clinical condition should be carried out by your private physician. If you do not have one and require medical follow-up, schedule an appointment with our specialists. ----//signature//----

Dr. Felipe de Paula
Physician
CRM-SP 190491



INSTRUCTIONS FOR HOSPITALIZED PATIENTS

MRN: 2077430 Enc.: 11067960 Enc. Date: 06/30/2025 3:28 p.m.

- BRING:**
- SHAMPOO AND CONDITIONER
 - BODY CREAM (BODY MOISTURIZER)
 - TOOTHBRUSH AND TOOTHPASTE
 - LIQUID SOAP
 - UNDERGARMENTS FOR MEN / WOMEN AND SLIPPERS

Legal Name: Rosa Maria Bonifacio
 Sex: Female - Date of Birth: 09/21/1954 - 70y 9m 9d
 Physician: CRM 119869 - Eloy Rusafa Neto
 Insurance: GRUPO AMIL (Amil/Amil Planos/Dix/Me
 Plan: Amil S380 QC (Network 883) / Level 380
 VI [unreadable] SURGICAL FLOOR - MCC - 520 B



24 hours	18 years of age/over 60 of age)	visitors on a rotating basis (Maximum of 02 people in the room)
	01 Visitor	
Patients in Isolation:		
Isolation (Contact) - 1 companion for patients under 18 years of age and over 60 years of age , plus 1 visitor per day		
Isolation (Respiratory) - companion only for patients under 18 years of age and over 60 years of age		
Maternity		
Private Room		
24 hours	01 Companion	Visitors on a rotating basis (05 people in the room)
	04 Visitors	
Ward		
24 hours	01 Companion	Visitors on a rotating basis (03 people in the room)
	02 Visitors	
Adult ICU		
24 hours	01 Companion	Visitors on a rotating basis (02 people at the bedside)
	01 Visitor	
Isolation		
Visits will not be permitted; only the Medical Update will be provided from 3:30 p.m. to 4:00 p.m.		
Pediatric ICU		
24 hours	01 Companion	Visitors on a rotating basis (02 people at the bedside)
	01 Visitor	
Medical Update for the parents will be provided during the daytime .		
Neonatal ICU		
24 hours	01 Companion/01 Visitor	Visitors on a rotating basis (01 person at the bedside)
Rotating access for the parents and maternal and paternal grandparents		
3:00 p.m. to 4:00 p.m.: Medical Update for the parents		
I acknowledge that the hospitalization period, as well as all Hospital services, including nutrition services, end at the time of Medical Discharge.		
I was informed that, from this moment on, the patient and companion are permitted to remain in the room for up to one hour , and that after this period, if the room has not been vacated, an additional charge of R\$ 150.00 per hour will be applied, in accordance with the rate schedule for private-pay patients.		

Visits from 06:00 a.m. to 10:00 p.m. - Rua Barão de Mauá, 100

Visits from 10:01 p.m. to 05:59 a.m. - Rua Coronel Portilho, 80

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: March 12, 2026.

Pedido: 3434580
Nome: ROSA MARIA BONIFACIO
Médico: FELLIPE DE PAULA
Convênio: AMIL

Prontuário: 04413741
Data: 02/05/2025
CRM: 190491

RESSONÂNCIA MAGNÉTICA DE COLUNA LOMBO-SACRA

Técnica:

As imagens foram obtidas em cortes multiplanares ponderados em T1 e T2, sem a infusão intravenosa de contraste paramagnético.

Análise:

Sinais de espondilodiscoartrose caracterizada por osteófitos marginais em alguns corpos vertebrais e hipossinal em T2 de alguns discos intervertebrais.

Reação osteohipertrófica degenerativa dos processos interapofisários.

O canal vertebral é de morfologia e dimensões preservadas.

Forames de conjugação analisados de dimensões conservadas.

Protrusão discal pósterio-global de L1-L2 deformando a face ventral do saco dural.

Protrusão discal centro-lateral a esquerda de L4-L5 deformando a face ventral do saco dural.

Protrusão discal pósterio mediana de L5-S1 deformando a face ventral do saco dural.

Cone medular de topografia, calibre e intensidade de sinal preservados.

Estruturas paravertebrais sem anormalidades.

Conclusão:

Espondilodiscoartrose.

Protrusões discais em L1-L2, L4-L5 e L5-S1.



DR. WU MENG FENG
CRM 91351

Nome Completo	Rosa Maria Bonifacio	Data de entrada	30/06/2025 15:28:12
Nº Atendimento	11067968	Sexo	Feminino
Prontuário	2077438	Idade	70a 9m
Data de Nasc.	21/09/1954	Nome da Mãe	
Convênio	GRUPO AMIL (Amil/Amil Planos/Dix/Medial/Lincx/One)	Data Alta	

Diagnóstico de entrada: Não

Diagnóstico da Saída: M545 - DOR LOMBAR BAIXA

Alergias:

Comorbidade: HAS

Principais achados clínicos durante a internação (exame físico e outros achados significativos): REALIZADO TRATAMENTO PERCUTANEO P/ DOR LOMBAR SEM INTERCORRENCIAS

Principais procedimentos cirúrgicos: Data inicio real: 30/06/25 - Código procedimento: 31403034 - Denervacao Percutanea Das Facetas Articulares - Nervos

Exame(s) de imagem(ns) Crítico(s): Não

Exames Laboratoriais Critico(s) : Não

Glicemia Crítica: Não

Possui Órteses, Próteses e Materiais Especiais? não

Dispositivos Invasivos na alta: Não

Medicamentos utilizados durante a internação (Medicamentos administrados): Não

Medicamentos prescritos na alta (Medicamentos para casa): Não

Condições do paciente na Alta: Melhorado

Sinais Vitais: Data: 30/06/2025 17:20:00 - PAS: 190 - PAD: 90 - FC: 89 - FR: 18 - SpO2: 91 - TEMPERATURA: 36 - Peso: - Altura:

Paciente com necessidade de exames, procedimentos e ou consultas externas : Não

Retorno com seu médico ou com a especialidade, informe qual Especialidade:

Outro:

Orientações:


Dr. Felipe de Paula
Médico
CRM SP 190491

Quando retornar ao Pronto Socorro: PERDA DE FORÇA

OBSERVAÇÃO: O acompanhamento do seu quadro clínico deve ser feito por seu médico privado, caso não disponha dele e necessite de acompanhamento médico, agende uma consulta com nossos especialistas.

Pedido: 3434581
Nome: ROSA MARIA BONIFACIO
Médico: FELIPE DE PAULA
Convênio: AMIL

Prontuário: 04413741
Data: 02/05/2025
CRM: 190491

RADIOGRAFIA DO TÓRAX

Sinais de espondilose dorsal.
Transparência normal do parênquima pulmonar.
Seios costofrênicos livres.
Índice cardiotorácico no limite superior da normalidade.
Aorta alongada, com placas de calcificação.

DR. JOSE RICARDO ANUAR
CRM 65477
RQE 52535



Nome: Rosa Maria Bonifacio
ID Paciente: HNS-375088
Médico Solicitante: JULIANA SAAB

Data do Exame: 19/10/2024
Data de Nascimento: 21/09/1954

TOMOGRAFIA COMPUTADORIZADA DOS SEIOS DA FACE

TÉCNICA: Realizado estudo tomográfico com cortes axiais e reconstruções multiplanares sem a administração intravenosa do meio de contraste iodado.

Indicação clínica: investigação complementar.

ANÁLISE:

Paredes ósseas dos seios paranasais, cavidade nasal e cavidades orbitárias sem alterações.

Conteúdo lobulado com atenuação de partes moles preenchendo todas as cavidades paranasais e as cavidades nasais poupando parcialmente os meatos inferiores, associado a focos de reabsorção do trabeculado ósseo etmoidal e alargamento dos infundíbulos e recessos. Há formação de nível líquido e componente bolhoso no interior dos seio maxilares e esfenoidal, não se podendo afastar sinusopatia com envolvimento agudo. Destaca-se também conteúdo com atenuação de partes moles nas fossas nasais médias com obliteração dos meatos nasais médios, e má definição dos contornos das conchas nasais. Obliteração e alargamento dos complexos osteomeatais, recessos frontais e esenoetmoidais por conteúdo com atenuação de partes moles. O conjunto dos achados é sugestivo de polipose nasossinusal, associado a sinais de sinusopatia de envolvimento agudo.

Septo nasal inclinado para a direita.

Fóveas etmoidais assimétricas, mais baixa à direita.

Pneumatização da concha nasal média

Cavidade nasal com os cornetos nasais médios e inferiores sem alterações.

Nasofaringe sem alterações tomograficamente detectáveis (tuba de Eustáquio, toro tubário e fossa de Rosenmuller de aspecto conservado).

Espessamento da parede posterior da rinofaringe reduzindo as dimensões da coluna aérea.

Redução da coluna aérea da orofaringe retropalatal.

Diagnostico Endoscopico Nasofaringolaringoscopico

Paciente: Rosa Maria Bonifacio

Data: 18/11/24

QUEIXA:

RELATÓRIO:

NARIZ: Apresenta sem desvio septo, com cornetos hipertróficos (+++/4+), descorados (+++/4+) com assoalhos e meatos nasais com secreção hialina.

FARINGE-RINOFARINGE: Apresenta-se sem alteração ao exame, com ostios livres bilateralmente.

Manobra de MUELLER, não realizada.

OROFARINGE: Apresenta amígdalas palatinas hiperemiadas 2+4+, com estruturas da hipofaringe sem alterações.

HIPOFARINGE: Apresenta-se sem alteração, assim como os seios piriformes, valéculas, ligamento ariteno-epiplotico, epiglote. Edema e hiperemia de aritenoide.

LARINGE: Observou-se a fonação mobilidade preservada de ambas as pregas vocais.

CONCLUSÃO: Rinite(Com hipertrofia de cornetos nasais)

Amigdalite aguda

Laringite (sinais de RGE)

Dr. Alexandre Yamashita

CRM 95382



Núcleo Médico Sanematsu

EXAME: Videonasofibrolaringoscopia

NOME: **ROSA MARIA BONIFACIO**, 21/09/1954 71 anos

DATA: 23 de outubro de 2025

MÉDICO SOLICITANTE: Dr(a). FREDERICO DO NASCIMENTO FERNANDES

FILHO

O endoscópio foi introduzido por ambas as fossas nasais, após aplicação tópica de xilocaína 2%, observando-se edema e palidez de mucosa nasal, assim como hipertrofia de cornetos inferiores 2+/4+. Presença de desvio do septo nasal na área IV de Cottle, para direita, grau I. Os meatos médios e os recessos esfenoidais encontram-se livres de secreções, de degenerações mucosas e de outros fatores obstrutivos aparentes.

A rinofaringe apresenta-se com a mucosa preservada. Óstios tubéreos e fossetas de Rosenmuller livres.

As valéculas, os seios piriformes e as paredes da hipofaringe não apresentam alterações.

A região supraglótica, incluindo a epiglote, pregas ariepiglóticas e bandas ventriculares não apresentam alterações aparentes. Nota-se aspecto edematoso moderado da região interaritenóidea.

As cordas vocais apresentam-se com as mobilidades conservadas bilateralmente.

A região subglótica não apresenta alterações identificáveis ao método.

Conclusão: sugestivo de rinopatia crônica, hipertrofia de cornetos inferiores, desvio do septo nasal para direita e aspecto edematoso moderado da região interaritenóidea.

Nota: Sugerimos, a critério médico, considerar a possibilidade de refluxo faringolaríngeo.

Alexandre Yakushijin Kumagai

CRM 173309

Alexandre Y. Kumagai
Otorrinolaringologista
CRM 173309 / ODE 14614

RECEITUÁRIO

Para Sra.

Rosa Maria Bonifacio, 21/09/1954.

Atendimento: 11905262

Endereço: Rua Granito, 393 Vila União Guarulhos SP

Uso Oral

- 1) Floratil 200mg (Saccharomyces Boulardii)
Tomar 1 comprimido a cada 8 horas, por 2 dias.
- 2) Vonau Flash4mg (Ondansetrona) ou Plasil10mg (Metoclopramida)
Tomar 1 comprimido a cada 8 horas, se náuseas ou vômito.
- 3) Buscopan Composto (Escopolamina + Dipirona) ou
Tomar 1 comprimido a cada 6 horas, se cólicas ou diarreia.

Orientações Gerais:

Ingerir grande quantidade de líquidos (água, sucos, isotônicos, água de coco), principalmente após cada episódio de evacuação.
Procurar alimentar-se a cada 3 horas, preferindo alimentos como arroz, frango, legumes cozidos, bolachas água e sal. Evitar alimentos gordurosos, ricos em corantes, crus e leite.
Retornar ao pronto socorro se manutenção do quadro por mais de 7 dias, saída de sangue ou muco nas fezes, ou sinais de piora clínica como prostração, desidratação, vômitos persistentes ou febre.

Dra. Mônica Angela C. de A. Felix
Médica
CRM-SP: 267588

Documento assinado digitalmente em 13/02/2026 às 13:24 por Dra. Mônica Angela Cruz de Almeida Felix 13/02/2026 13:24:39

Dra. Mônica Angela Cruz de Almeida Felix
CRM 267588

R BARAO DE MAUA, 100, TERREOPARTE TERREOPARTE | CENTRO
Cep.: 07012-040 - GUARULHOS - SP -
Tel.: 11

RECEITUÁRIO

Para Sra.

Rosa Maria Bonifacio, 70a 5m 17d.

Atendimento: 10395430

1. Losartana 50mg-----Uso contínuo.
Tomar 1 comprimido por via oral pela manhã.
2. Pantoprazol 40mg-----Uso contínuo.
Tomar 1 comprimido por via oral cedo em jejum.

Renner Ribeiro da Silva
CRM-SP 123616

10/03/2025 12:06:43

Dr. Renner Ribeiro Da Silva
CRM 123616

R BARAO DE MAUA, 100, TERREOPARTE TERREOPARTE | N
Cep.: 07012-040 - GUARULHOS - SP -
Tel.: 11

amil

Relatório Médico Encaminhamento Nível 2

Local de Emissão

AMIL ESPAÇO SAÚDE GUARULHOS (720)

Data

24/11/2025 09:58:49

Paciente

ROSA MARIA BONIFACIO

Ao ambulatório PSQUIATRIA -

Caro Colega, estou lhe encaminhando o paciente em referência para avaliação e parecer.

Ao ambulatório PSQUIATRIA -

Dr. Ariel Penaloza B.
CRM 103603
CNS 706822247240222

Grato,

ARIEL INTI PENALOZA BAZOBERRY

Carimbo e Assinatura do Médico

Hipótese Diagnóstica

Ansiedade

Motivo do Encaminhamento

Paciente com pico hipertensivo ao fazer Endoscopia. Já a acompanha com Cardiologista

Procedimentos e Exames Realizados (segue anexo os resultados)

Q clínico

Relatório Resposta

Consulta realizada em: / /

Diagnóstico

Conduta

Procedimentos e Exames Realizados (segue anexo os resultados)

Indicação de Cirurgia () Sim () Não

Qual? (descreva abaixo)

AM-007

Carimbo e Assinatura do Médico

Paciente: ROSA MARIA BONIFACIO

Data: 02/05/2025

Cód Pac.: 04413741

ROSA MARIA BONIFACIO,,

Sex: Feminino

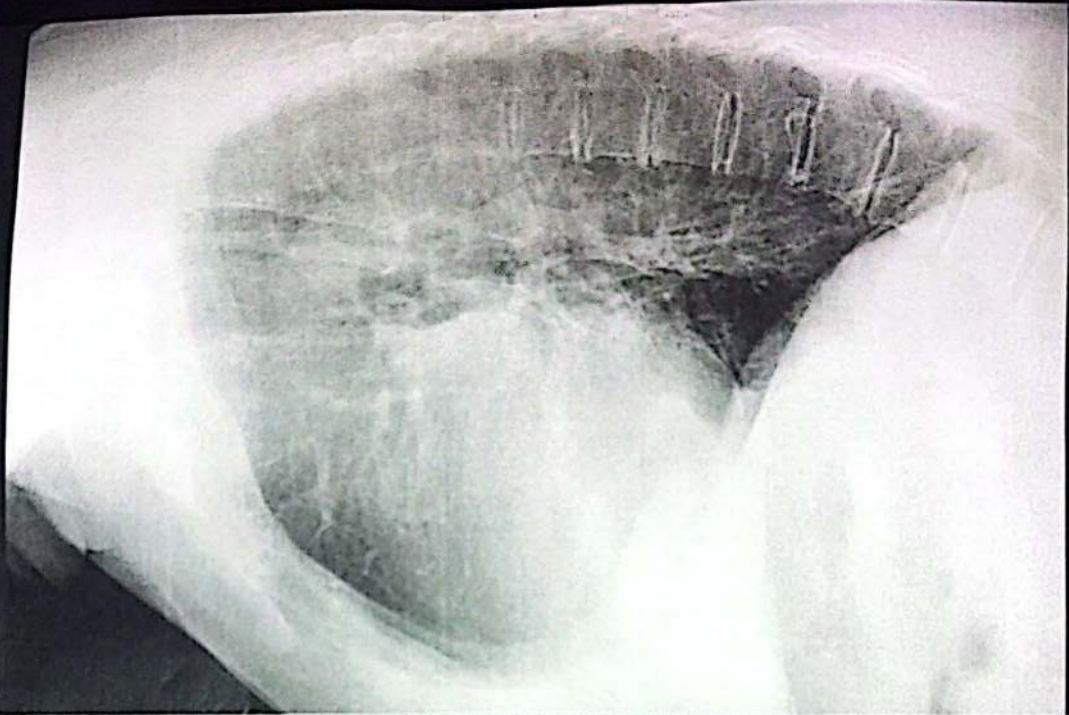
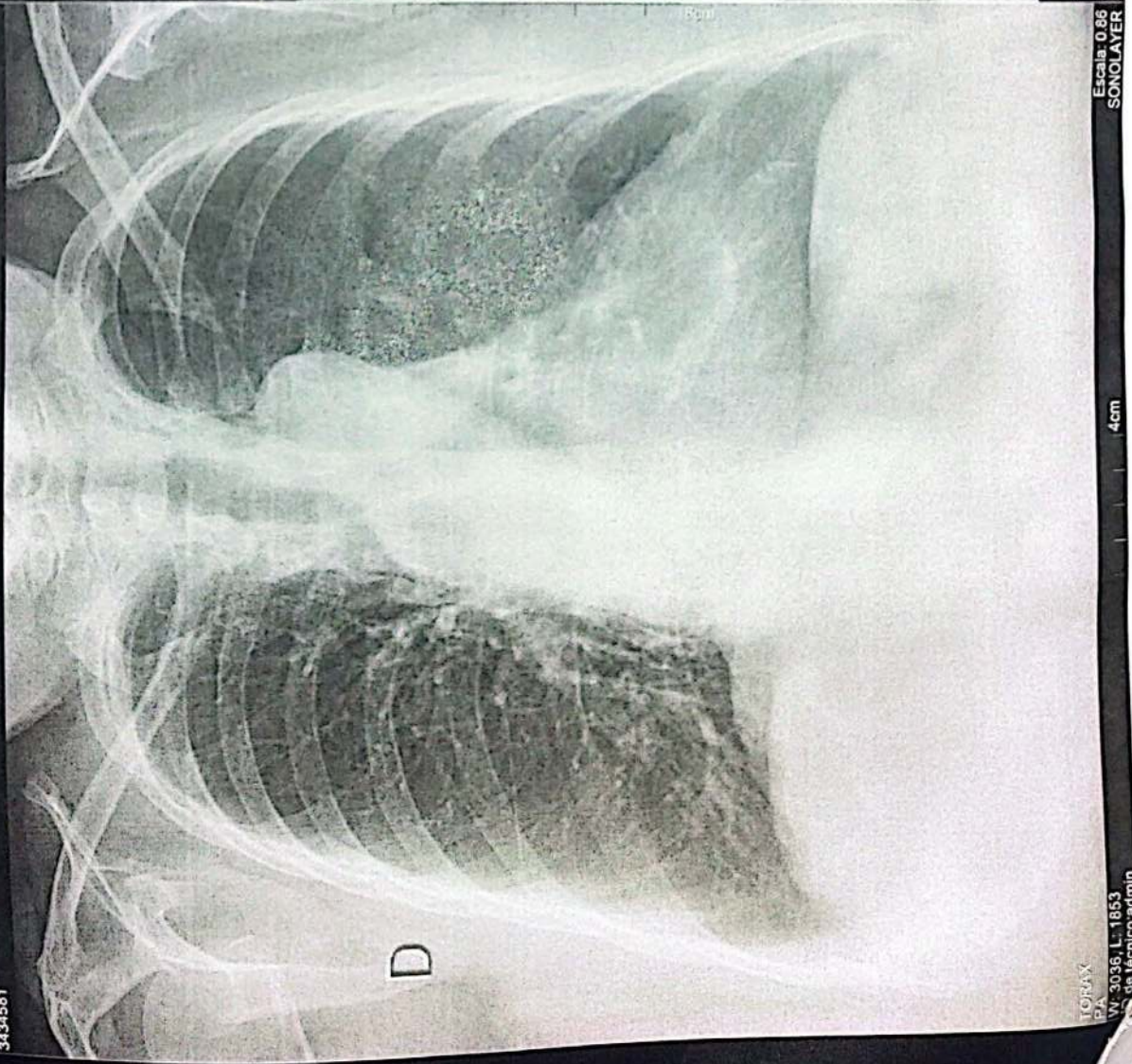
Data de nascimento: 21/09/1954

ID: 04413741

3434581

Data de aquis.: 02/05/2025
Hora de aquis.: 14:43:29
Índice de exp.: 781

ROSA MARIA BONIFACIO,,
Sex: Feminino
Data de nascimento: 21/09/1954
ID: 04413741
3434581



Data de aquis.: 02/05/2025
Hora de aquis.: 14:43:33
Índice de exp.: 1305





Paciente: ROSA MARIA BONIFACIO
Data: 02/05/2025
Cód Pac.: 04413741



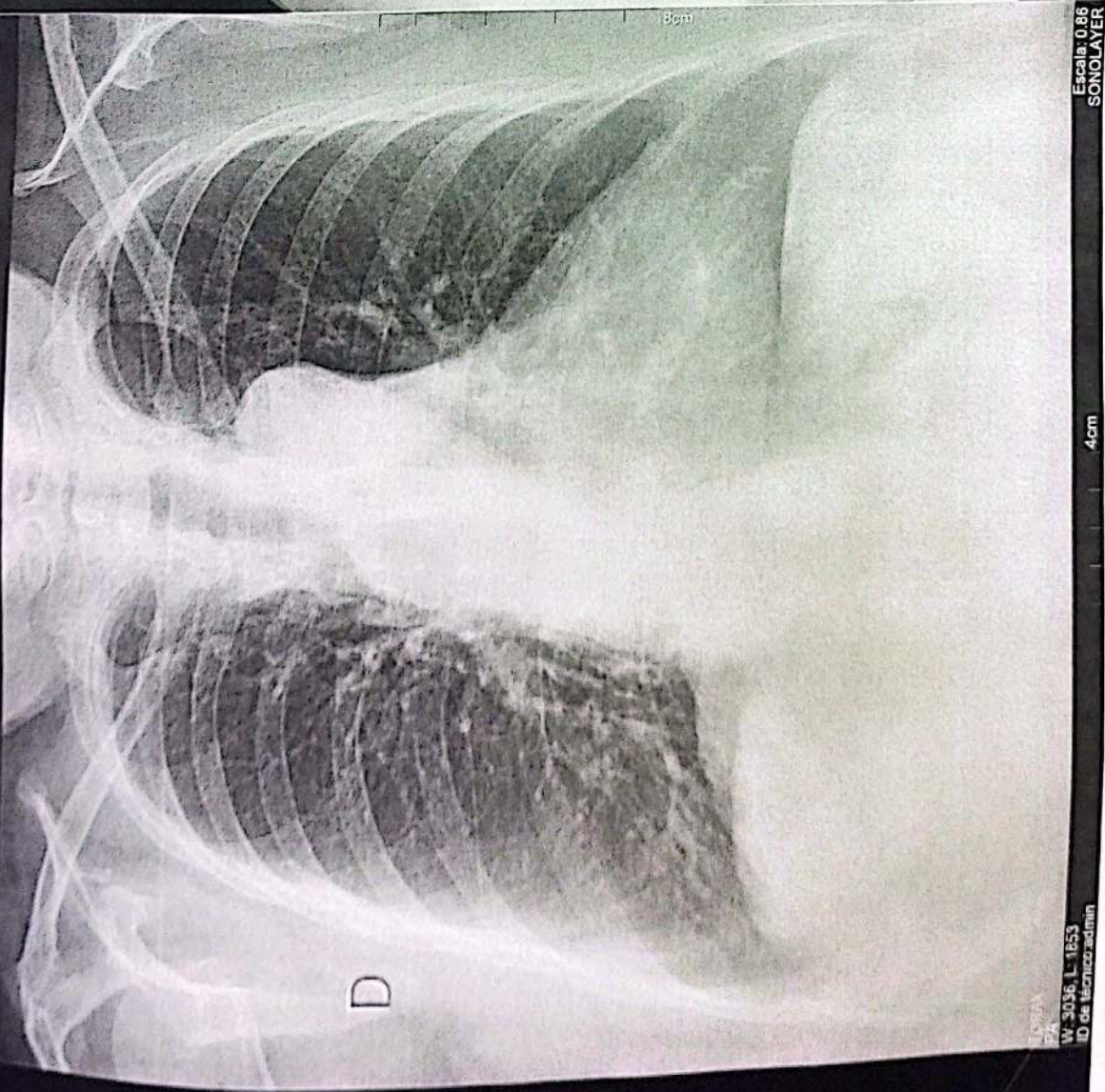


Paciente: ROSA MARIA BONIFACIO
 Data: 02/05/2025
 CDM FRC: 04413741

ROSA MARIA BONIFACIO,
 Sex Feminino
 Data de nascimento: 21/08/1954
 ID 04413741
 3434581

Data de aquis.: 02/05/2025
 Hora de aquis.: 14.43.29
 Índice de exp.: 781

ROSA MARIA BONIFACIO,
 Sex Feminino
 Data de nascimento: 21/08/1954
 ID 04413741
 3434581



TÓRAX
 AP
 Escala: 0.86
 W: 3036, L: 1853
 ID de técnico: admin

4cm

SONOLAYER

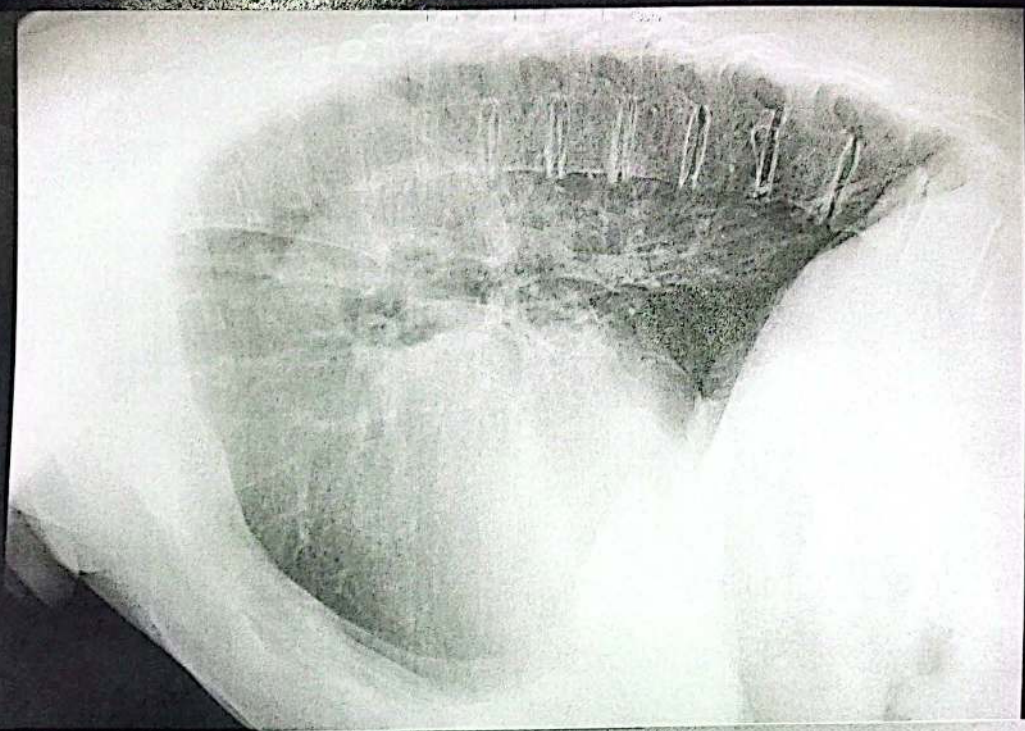
AET Origem: ImageSuite

Imagens Documentais

Número do Pedido:
 1 3 3 5 5 1

Data de aquis.: 02/05/2025
 Hora de aquis.: 14.43.53
 Índice de exp.: 1305

ROSA MARIA BONIFACIO,
 Sex Feminino
 Data de nascimento: 21/08/1954
 ID 04413741
 3434581



TÓRAX
 LATERAL
 W: 3118, L: 1994
 ID de técnico: admin

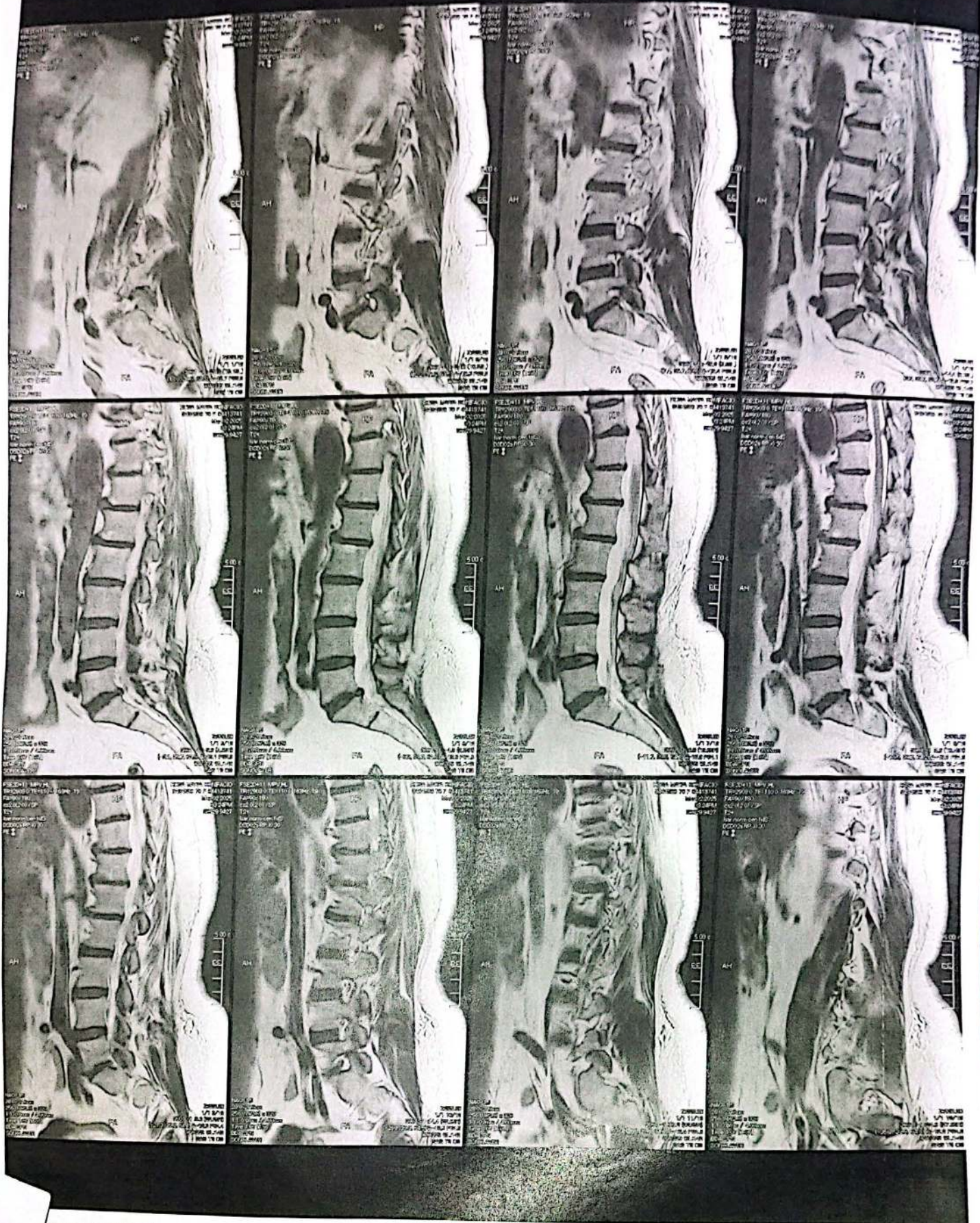
4cm

SONOLAYER

Pair



Paciente: ROSA MARIA BONIFACIO
Data: 02/05/2025
Cód Pac.: 04413741



Origem: MR_ORIAN

Imagens Documentais

Página 1 de 1

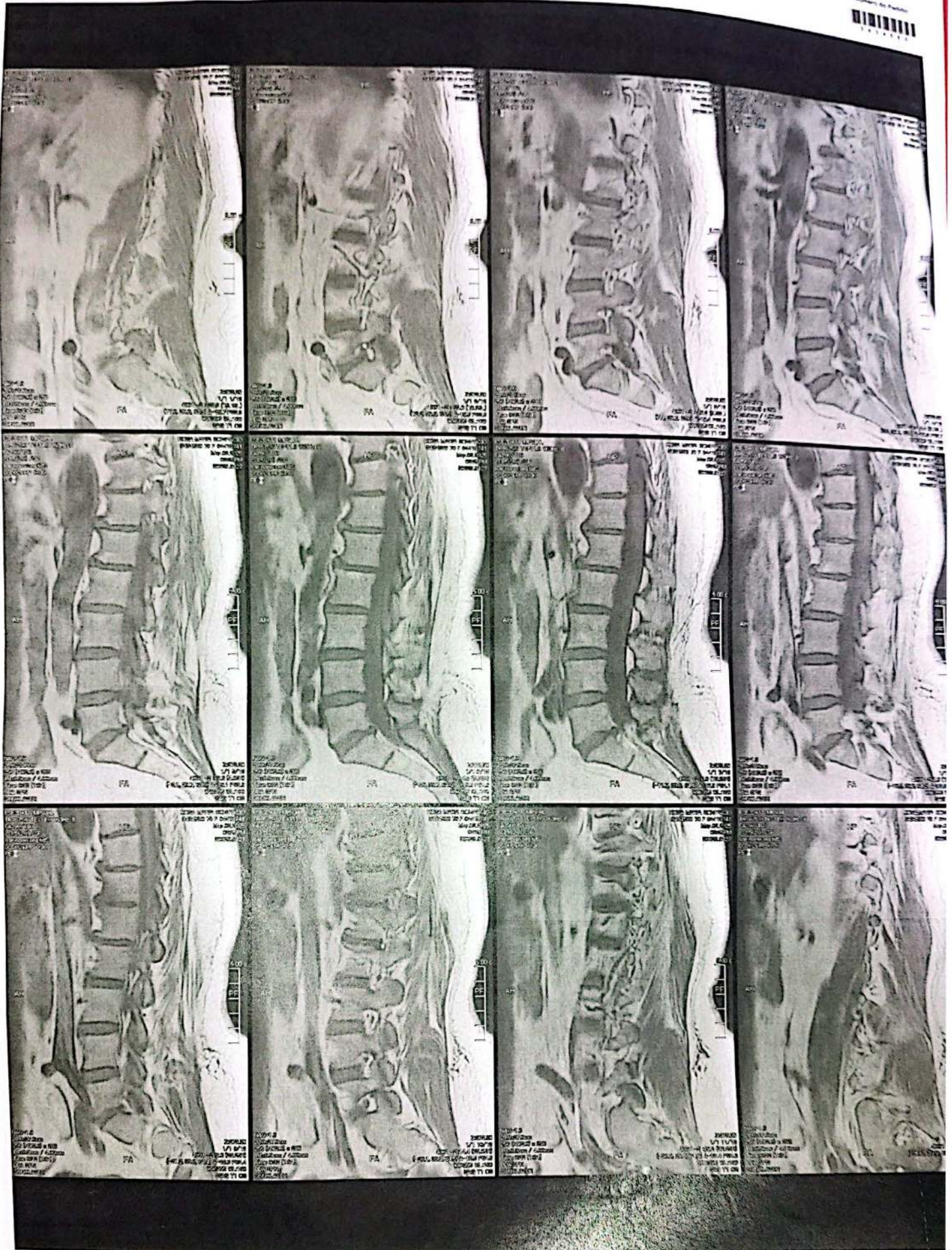


Paciente: ROSA MARIA BONIFACIO

Data: 02/05/2025

Cód Pac.: 04413741

HOSPITAL DE PEDIATRIA
UNIVERSIDADE FEDERAL DO RIO DE JANEIRO



Pedido: 2995827
Nome: ROSA MARIA BONIFACIO
Médico: FERNANDO SANTELLA
Convênio: SULAMERICACOMPANHIADESEGUR

Prontuário: 04413741
Data: 18/09/2024
CRM: 144985

TOMOGRAFIA COMPUTADORIZADA DE SEIOS DA FACE

METODOLOGIA:

Foram realizados cortes tomográficos multi-slice orientados por radiografia digital.

ANÁLISE:

- Estruturas ósseas analisadas de aspecto tomográfico normal.
- Espessamento mucoso do seio maxilar direito.
- Demais seios para nasais com transparência normal .
- Unidades ostiomeatais livres.
- Fóveas etmoidais sem assimetrias significativas.
- Septo nasal sem desvios significativos.



DR. SHIGUEMI AURO UEHARA
CRM 82162

Prontuário: 04413741
Data: 18/09/2024
CRM: 144985

Paciente: ROSA MARIA BONIFACIO
Médico: FERNANDO SANTELLA
Convênio: SULAMERICACOMPANHIADESEGUR

TOMOGRAFIA COMPUTADORIZADA DE TÓRAX

METODOLOGIA:

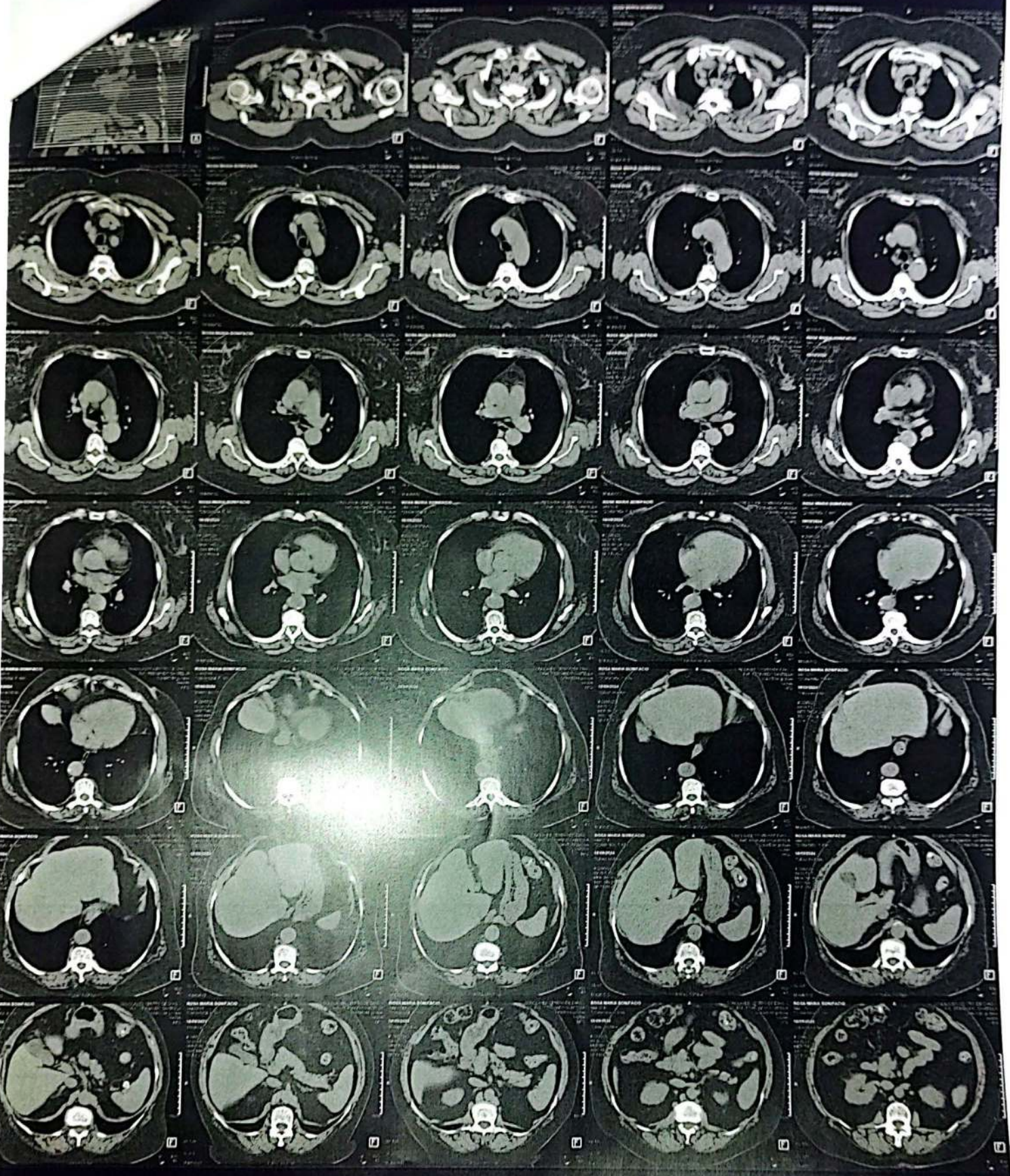
Foram realizados cortes tomográficos multi-slice orientados por radiografia digital sem a administração intravenosa do meio de contraste.

ANÁLISE:

- Aorta ateromatosa de trajeto tortuoso de calibre preservado.
- Dimensão cardíaca dentro dos limites da normalidade.
- Não se observam massas ou linfadenomegalias mediastinais significativas.
- Traqueia e brônquios fontes principais permeáveis.
- Tênuas opacidades pulmonares em vidro fosco, em distribuição multifocal, bilateral predominantemente periféricos. Os achados de imagem, embora não totalmente específicos, podem ser compatíveis com doença pulmonar infecciosa de etiologia viral em processo de remissão
- Diminuto nódulo calcificado em lobo superior do pulmão esquerdo
- Ausência de sinais de derrame ou espessamento pleurais.
- Espondiloartrose dorsal.



DR. SHIGUEMI AURO UEHARA
CRM 82162





Paciente: ROSA MARIA BONIFACIO
Idade: 69 anos (21/09/1954)
Convênio: SUL AMÉRICA
Médico Solicitante: DRA. CAROLINA LAILA FERRAZ - 180269/SP
Procedência: SONOLAYER

Exame Anatomopatológico - Peça Simples

Caso n°: 24-12255
Prontuário: 1772292
Topografia: biopsia de vulva.

Data da coleta: 03/09/2024
Data de Recebimento: 04/09/2024
Data do Processamento: 05/09/2024
Data de Liberação do Laudo: 10/09/2024

Informações clínicas:

Não informado.

Hipótese Diagnóstica:

Não informada.

Metodologia:

Foram recebidos materiais acondicionados em solução fixadora devidamente identificados com etiqueta com as informações do paciente e acompanhado de documentos comprobatórios e autorização para realização do exame anatomopatológico. Realização da técnica histológica: Laboratório Neugen Soluções Diagnósticas - No. inscrição CFM-CRM 980842.

Macroscopia:

Material enviado em: formalina.

Formato: irregular.

Medidas: 0,4 x 0,3 x 0,3 cm.

Superfície epidérmica: acinzentada e verrucosa.

Superfície de corte: esbranquiçada e elástica.

Todo material foi submetido ao exame histológico: 1B/2F.

Microscopia

A análise dos cortes histológicos permite as seguintes conclusões:

Conclusão

Biópsia de vulva:

Nevo melanocítico intradérmico.

Bibliografia



Paciente: ROSA MARIA BONIFACIO
Idade: 69 anos (21/09/1954)
Convênio: SUL AMÉRICA
Médico Solicitante: DRA. CAROLINA LAILA FERRAZ - 180269/SP
Procedência: SONOLAYER

Rosai, J., & Ackerman, L.(2018).
Surgical Pathology (11ª ed.).
Philadelphia: Elsevier.

Mat. Receb - biopsia de vulva. 1 peça ;Linfonodos: None;Margens: None

NICOLLAS FUJIMOTO
CRM 210982/SP

em etiqu
realizaçã
cas - No.



10992264



13



2077438P

RECEITUÁRIO

Para Sra.

Rosa Maria Bonifacio, 21/09/1954.

Atendimento: 10992264

Ao cardiologista

Paciente interna para realização de tratamento percutaneo para dor lombar de carater eletivo, no momento com mal controle pressórico, PAS > 200mmhh. Procedimento suspenso, encaminhado paciente para ajuste medicamentoso e risco cardiologico.

(

O

Qt

OB:
acor

Dr. Felipe de Paula
Médico
CRM-SP 190491

16/06/2025 19:21:04

Dr. Felipe de Paula
CRM 190491

R BARAO DE MAUA, 100, TERREOPARTE TERREOPARTE | CENTRO
Cep.: 07012-040 - GUARULHOS - SP -
Tel.: 11

R BAR

Nome Completo	Rosa Maria Bonifacio	Data de entrada	16/06/2025 16:39:36
Nº Atendimento	10992264	Sexo	Feminino
Prontuário	2077438	Idade	70a 8m
Data de Nasc.	21/09/1954	Nome da Mãe	
Convênio	GRUPO AMIL (Amil/Amil Planos/Dix/Medial/Lincx/One)	Data Alta	

Diagnóstico de entrada: Não

Diagnóstico da Saída: I10 - HIPERTENSAO ESSENCIAL (PRIMARIA)

Alergias:

Comorbidade: HAS

Principais achados clínicos durante a internação (exame físico e outros achados significativos): Neurocirurgia Paciente interna para realização de tratamento percutaneo para dor lombar de carater eletivo, no momento com mal controle pressórico, PAS > 200mmhh. Procedimento suspenso, encaminhado paciente ao PS para avaliação.

Principais procedimentos cirúrgicos: Não

Exame(s) de Imagem(ns) Critico(s): Não

Exames Laboratoriais Critico(s) : Não

Glicemia Crítica: Não

Possui Órteses, Próteses e Materiais Especiais? não

Dispositivos invasivos na alta: Não

Medicamentos utilizados durante a internação (Medicamentos administrados): Não

Medicamentos prescritos na alta (Medicamentos para casa): Ao cardiologista Paciente Interna para realização de tratamento percutaneo para dor lombar de carater eletivo, no momento com mal controle pressórico, PAS gt 200mmhh. Procedimento suspenso, encaminhado paciente para ajuste medicamentoso e risco cardiologico.

Condições do paciente na Alta: Melhorado

Sinais Vitais: Não

Paciente com necessidade de exames, procedimentos e ou consultas externas : Não

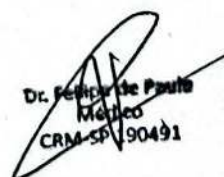
Retorno com seu médico ou com a especialidade, informe qual Especialidade:

Outro:

Orientações:

Quando retornar ao Pronto Socorro:

OBSERVAÇÃO: O acompanhamento do seu quadro clínico deve ser feito por seu médico privado, caso não disponha dele e necessite de acompanhamento médico, agende uma consulta com nossos especialistas.


Dr. Felipe de Paula
Médico
CRM-SP 190491

ORIENTAÇÕES PARA PACIENTES INTERNADOS

TRAZER:

- SHAMPOO E CONDICIONADOR
- CREME CORPORAL (HIDRATANTE CORPORAL)
- ESCOVA DE DENTES E CREME DENTAL
- SABONETE LÍQUIDO
- PEÇA ÍNTIMA MASCULINO / FEMININO E CHINEI

Pront.: 2077438 Atid: 11067968 Dt. Atid: 30/06/2025 15:28

Nome Civil: Rosa Maria Bonifacio
Sexo: Feminino - Data Nascido: 21/09/1954 - 70a 9m 9d
Medico: CRM 119869 - Eloy Russafa Neto
Convenio: GRUPO AMIL (AMIL/AMIL Planos/Dix/Me
Plano: AMIL 8388 0C (REDE 093) / NIVEL 390
UI 5Aº ANDAR CIRURGICO - HCC - 520 B



24 horas	01 Acompanhante (para Pacientes 18 anos / maior 60 anos)	Visitantes com Revezamento (Máximo 02 pessoas no quarto)
	01 Visitante	
Pacientes em Isolamento:		
Isolamento (Contato)- 01 acompanhante para pacientes menor de 18 anos e maior de 60 anos + 01 visitante por dia		
Isolamento (Respiratório)- somente acompanhante para pacientes menores de 18 anos e maior de 60 anos		
Maternidade		
Apartamento		
24 horas	01 Acompanhante	Visitantes com Revezamento (05 pessoas no quarto)
	04 Visitantes	
Enfermaria		
24 horas	01 Acompanhante	Visitantes com Revezamento (03 pessoas no quarto)
	02 Visitantes	
UTI Adulto		
24 horas	01 Acompanhante	Visitantes com Revezamento (02 pessoas no leito)
	01 Visitante	
Isolamento		
Não será permitido visitas somente Boletim Médico das 15:30 às 16:00hs		
UTI Pediátrica		
24 horas	01 Acompanhante	Visitantes com Revezamento (02 pessoas no leito)
	01 Visitante	
Boletim Médico para os pais será no período Diurno		
UTI Neonatal		
24 horas	01 Acompanhante / 01 Visitante	Visitantes com Revezamento (01 pessoa no leito)
Revezamento para os pais e avós maternos e paternos		
15:00 AS 16:00 Boletim Médico para os pais		
Estou ciente de que o período de internação, assim como todos os serviços do Hospital, inclusive o de nutrição encerram-se no momento da Alta Médica.		
Fui informado(a) de que a partir deste momento é permitido a permanência do paciente e acompanhante no apartamento por um período até uma hora e que após este período, não havendo a liberação do apartamento, será cobrado um valor adicional de R\$ 150,00 reais por Hora de acordo com a tabela de clientes particulares		

Visitas das 06:00 às 22 horas – Rua Barão de Mauá 100

Visitas das 22:01 às 05:59 horas – Rua Coronel Portilho, 80

CEMA Specialized Medicine
Eyes • Ears • Nose • Throat
The quality you can see, hear, and feel.



Patient: JASMYNNE ARAGÃO DOS SANTOS

Date: 08/05/2025

CEMA Medical Record No.: 23/0007663

MEDICAL PRESCRIPTION

EXTERNAL USE

1- Hypoallergenic Eye Patch

Use an eye occluder on the RIGHT eye for 2 hours per day until the follow-up medical appointment.

Dr. Guilherme Cesar Jaqueira
Ophthalmologist
CRM-SP 174229 RQE 95081
CNS 85800148P205835

24-hour Specialized Hospital:
Rua Padre Adelino, 333 – Belém

Outpatient Units (Walk-in Care and Scheduled Appointments):

- Belém
- Grand Plaza Shopping (Sto. André)
- Internacional Shopping (Guarulhos)
- Morumbi Shopping
- Santana

- Shopping Aricanduva
- Shopping Eldorado
- Shopping Ibirapuera
- Shopping Interlagos
- Shopping Metrô Itaquera

- Shopping Metrô Santa Cruz
- Shopping Metrô Tucuruvi
- Shopping Metrôpole (SBC)
- Shopping Pátio Paulista
- Shopping Taboão

- Shopping West Plaza
- SuperShopping Osasco

Appointment Scheduling for Consultations and Exams: 2602-8000 | Administration: 2602-4000 | www.cemahospital.com.br

UBS JARDIM PRIMAVERA - RUA GAMA No. 72 - PARQUE PRIMAVERA - SP
CNES: 3188965 CNPJ: 46.319.000/0001-50

REFERRAL / FOLLOW-UP REFERRAL FORM

Citizen No.:
Date/Time: 11/16/2022 - 09:03 AM

Service No.: 10143723



Patient's Social Name: **JASMYNNE ARAGAO DOS SANTOS**
Patient: **JASMYNNE ARAGAO DOS SANTOS**
Mother's Name: **EVELLEN ARAGAO BONIFACIO**

CNS: 700503595221753

Father's Name: **ARNALDO DOS SANTOS FILHO**

Age: 1 year, 0 months, 0 days

Medical Record No.: 14205138

RG: — Issue Date: —

Issuing Authority / State: /

CPF: **59821151850**

Nationality: Brazilian

Place of Birth: **GUARULHOS-SP**

Date of Birth: 11/16/2021

Marital Status: Single

Religion:

Sex: FEMALE

Race/Color: Brown

Address: RUA: GRANITO No 395, VILA UNIÃO, GUARULHOS-SÃO PAULO - HOUSE 11

ZIP Code: 07145-250

Commercial Phone:

Home Phone:

Mobile Phone: 11 93246-8073

Message Phone: -

REQUEST

Requesting Facility: UBS Jardim Primavera

Requesting Professional: Guilherme Andrade Lemes

DESTINATION

REQUESTED PROCEDURE FOR REFERRAL / FOLLOW-UP REFERRAL FORM

REFERRAL TYPE	PRIORITY
SPECIALTY	P1

OPHTHALMOLOGY APPOINTMENT

JUSTIFICATION

Patient with convergent strabismus in the left eye.

DIAGNOSTIC FINDINGS

ICD

H50.9 - UNSPECIFIED STRABISMUS

Guilherme Andrade Lemes
General Practitioner

GUILHERME ANDRADE LEMES
PHYSICIAN - FAMILY HEALTH STRATEGY

Professional Registration
CNS: 705002418306459

FOLLOW-UP REFERRAL FORM

Report and Recommendations:

Date: ___/___/___

Follow-up Referral Physician

1st Copy



GUARULHOS - SP

DEPARTMENT OF HEALTH
REFERRAL AND FOLLOW-UP REFERRAL SYSTEM

UBS - PRIMAVERA
CNES 3188805
Rua Cama, 72

Pq. Primavera ZIP Code: 07.45-

REFERRAL FORM No.

(Medical / Dental)

Name: Tasmynne Araújo dos Santos

Date of Birth: 1 / 1 / Sex: () M () F Age: _____ Race: _____

SUS Health Card No.: _____ ICD: _____

Telephone: _____ City of Residence: _____

Mother's Name: _____

REFERRAL

- Urgency / Emergency
- Diagnostic Tests
- Specialized Outpatient Care
- Hospitalization
- High-Cost Procedure and Therapy

Pediatric
Ophthalmology -
PO

REASON

CLINICAL HISTORY: 3-year-old child, presenting with increased refraction of 10 myopia and (illegible). I request evaluation and treatment.

DIAGNOSTIC HYPOTHESIS: _____ ICD: H52

TREATMENT: _____

MAIN TESTS PERFORMED (ATTACHED): _____

REQUESTING PROFESSIONAL

Name: _____

CPF: _____

National Health Card: _____

Dra. Rayanne T. Lira Silvestre

CRM/SP: 288.900
"Jesus loves you"

Signature and Stamp /
Professional Registration (CR)

Date: 04/28/2025

REFERRAL INFORMATION

Definitive Diagnosis: _____

Treatment: _____

Recommendations: _____

Other: _____

Date: _____ / _____ / _____

Signature and Stamp / Professional Registration (CR)

Code: 75.54.2032834

*ICD: H52 (Disorders of refraction and accommodation)



**DEPARTMENT OF HEALTH
HEALTH SERVICES COORDINATION
CÂNDIDO FONTOURA CHILDREN'S HOSPITAL**

Medical Report

The patient JASMYNNE ARAGAO DOS SANTOS, 11 months old, began follow-up care at the Pediatric Cardiology outpatient clinic of this service with a diagnosis of congenital heart disease: atrial septal defect (ASD), without hemodynamic repercussion and with no indication for cardiac surgery at this time.

Annual follow-up appointment recommended; earlier if necessary.

Nothing further at this time; we remain available if needed.

ICD: Q21.1
10/20/2022

Dr. Carla V.
Mattos Neves
Pediatric
Cardiology
CRM: 82706



Carla V. de Mattos Neves
Pediatric Cardiology
CRM 82706

ULTRA

Patient: JASMYNNE ARAGÃO DOS SANTOS
 Patient Code (SAME): 23/0007663
 Requesting Physician: GUILHERME GENTIL SEQUEIRA
 Insurance: Private – Hospital

Requested Complementary Examinations

Ultrasonic / Optical Biometry – Both Eyes TUSS Code: 41501012

Previous Surgery: _____
 Intraocular Silicone Oil () Both Eyes (A.O.) () Right Eye (O.D.) () Left Eye (O.E.)

Diagnostic Hypothesis

Amblyopia (H53.0)

Dr. GUILHERME GENTIL SEQUEIRA
 CRM 174220

Dr. Guilherme Gentil Sequeira
 Ophthalmologist
 CRM-SF 174220 RQE 95071
 CNS 888001483205876

Dear patient, if you have questions regarding exam preparation, please contact our Customer Service (SAC – Customer Service Department) – Tests.

24-hour Specialized Hospital:
 Rua Padre Adelino, 333 – Belém

Outpatient Units (Walk-in Care and Scheduled Appointments):

- | | | | |
|--------------------------------------|---------------------------|-----------------------------|------------------------|
| • Belém | • Shopping Aricanduva | • Shopping Metrô Santa Cruz | • Shopping West Plaza |
| • Grand Plaza Shopping (Sto. André) | • Shopping Eldorado | • Shopping Metrô Tucuruvi | • SuperShopping Osasco |
| • Internacional Shopping (Guarulhos) | • Shopping Ibirapuera | • Shopping Metrôpole (SBC) | |
| • MorumbiShopping | • Shopping Interlagos | • Shopping Pátio Paulista | |
| • Santana | • Shopping Metrô Itaquera | • Shopping Taboão | |

Appointment Scheduling for Consultations and Exams: 2602-8000 | Administration: 2602-4000 | www.cemahospital.com.br

CEMA Specialized Medicine
Eyes • Ears • Nose • Throat



The quality you can see, hear, and feel.

Patient: JASMYNNE ARAGÃO DOS SANTOS
Patient Code (SAME): 23/0007663
Requesting Physician: GUILHERME GENTIL SEQUEIRA
Insurance: Private – Hospital

Requested Complementary Examinations

Retinography - Both Eyes TUSS: 41301315
Computerized Corneal Topography - Both Eyes TUSS: 41301080

Diagnostic Hypothesis

Amblyopia (H53.0)

Dr. GUILHERME GENTIL SEQUEIRA
Ophthalmologist
CRM 174220
CRM 174220

Dear patient, if you have questions regarding exam preparation, please contact our Customer Service (SAC – Customer Service Department) – Tests.

24-hour Specialized Hospital:
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- Santana

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- Shopping Eldorado
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- Shopping Interlagos
- Shopping Metrô Itaquera

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- Shopping Metrô Tucuruvi
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- Shopping Pátio Paulista
- Shopping Taboão

- Shopping West Plaza
- SuperShopping Osasco

Appointment Scheduling for Consultations and Exams: 2602-8000 | Administration: 2602-4000 | www.cemahospital.com.br



R.P.S. – Provisional Service Receipt

1st Copy (Client)

2nd Copy (Issuer)

No.: 932274

CEMA HOSPITAL ESPECIALIZADO LTDA

Rua Padre Adelino, 333 – Quarta Parada

São Paulo – SP ZIP Code: 03303-000

Date of Issue: 08/05/2025

CNPJ: 47.192.752/0001-65

CCM: 8.207.022-9

Phone: 2602-8000

E-mail

SERVICE RECIPIENT

Name: JASMYNNE ARAGAO DOS SANTOS

CPF: 598.211.518-50

Address: R. Granito, 395 – Jardim Belvedere

City: Guarulhos – SP ZIP Code: 07145-250

Patient: JASMYNNE ARAGAO DOS SANTOS



Service Record No.: 19454633

This RPS will be converted into an Electronic Service Invoice (NF-e)

In accordance with Law No. 14.097/2005 and Decree No. 47.350/2006.

The medical consultation billed above entitles the patient to a free follow-up consultation until 09/04/2025.

DESCRIPTION OF SERVICES

Item	Description	Amount
1	Ophthalmology Appointment	190.00
Total Amount of the RPS and/or NF-e:		190.00

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 12, 2026

CEMA Medicina Especializada
Olhos • Ouvidos • Nariz • Garganta

A qualidade que você pode ver, ouvir e sentir.



Para.....: JASMYNNE ARAGAO DOS SANTOS
 Data: 05/08/2025
 SAME CEMA.....: 23/0007663

RECEITUÁRIO MÉDICO

USO EXTERNO

1- Protetor Ocular Hipoalergênico
 Utilizar oclusor no olho DIREITO, por 2 horas ao dia até retorno médico.

Dr. Guilherme Gentil Sequeira
 Médico Oftalmologista
 CRM-SP 174220 RQE 95081
 CUS 86800148P205835

Dr(a) GUILHERME GENTIL SEQUEIRA
 CRM 174220

Hospital Especializado 24h:
 Rua Padre Adelino, 333, Belém

Unidades Ambulatoriais (Pronto-Atendimento e Hora Marcada):

- Belém
- Grand Plaza Shopping (Sto. André)
- Internacional Shopping (Guarulhos)
- MorumbiShopping
- Santana

- Shopping Aricanduva
- Shopping Eldorado
- Shopping Ibirapuera
- Shopping Interlagos
- Shopping Metrô Itaquera

- Shopping Metrô Santa Cruz
- Shopping Metrô Tucuruvi
- Shopping Metrôpole (SBC)
- Shopping Pátio Paulista
- Shopping Taboão

- Shopping West Plaza
- SuperShopping Osasco

Agendamento de Consultas e Exames: 2602-8000 | Administração: 2602-4000 | www.cemahospital.com.br



DEPARTAMENTO DE VIGILANCIA EM SAUDE
 UBS JARDIM PRIMAVERA - RUA GAMA - Nº 72 - PARQUE PRIMAVERA - SP
 CNES: 3188965 CNPJ: 46.319.000/0001-50

Emitido em: 16/11/2022 09:18
 Emissor: GUILHERME ANDRADE LEMES

VIA DIGITAL
 VALIDAR EM:
<https://assinaturadigital.iti.gov.br>

GUIA DE ENCAMINHAMENTO REFERÊNCIA / CONTRARREFERÊNCIA

Nº do Cidadão:
 Data/Hora: 16/11/2022 09:03

Nº Atendimento: 10143723



Nome Social do Paciente: **JASMYNNE ARAGAO DOS SANTOS**
 Paciente: **JASMYNNE ARAGAO DOS SANTOS**
 Nome da Mãe: **EVELLEN ARAGAO BONIFACIO**
 Idade: **1 anos 0 meses 0 dias**
 RG: - Dt.Emissão
 CPF: **59821151850**
 Naturalidade: **GUARULHOS-SP**
 Estado Civil: Solteiro(a)
 Sexo: FEMININO
 Endereço: RUA: GRANITO Nº 395, VILA UNIÃO, GUARULHOS-SÃO PAULO - CASA 1 |
 Tel. Comerc.: - Tel. Res.: -

CNS: 700503595221753
 Nome do Pai: **ARNALDO DOS SANTOS FILHO**
 Prontuário: 14205138
 Orgão/UF: /
 Nacionalidade: **Brasileiro(a)**
 Dt.Nascimento: **16/11/2021**
 Religião:
 Cor: Parda
 CEP: 71452-50
 Tel. Cel.: 11 93246-8073 Tel. Rec.: -

SOLICITAÇÃO

Estabelecimento Solicitante: UBS JARDIM PRIMAVERA

Profissional Solicitante: GUILHERME ANDRADE LEMES

DESTINO

SOLICITAÇÃO PROCEDIMENTO PARA REFERÊNCIA / CONTRARREFERÊNCIA

TIPO	PRIORIDADE
ENCAMINHAMENTO ESPECIALIDADE	P1

CONSULTA EM OFTALMOLOGIA

JUSTIFICATIVA

Paciente com estrabismo convergente em olho esquerdo.

PROVAS DIAGNÓSTICAS

CID

H509 - ESTRABISMO NAO ESPECIFICADO

Guilherme Andrade Lemes
 Médico Generalista

GUILHERME ANDRADE LEMES
 MÉDICO DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

Registro no Conselho: -
 CNS: 705002418306459

CONTRARREFERÊNCIA

Relatório e Orientações:

Data: __/__/__

Médico Contrarreferência

1ª via



SECRETARIA DA SAÚDE
SISTEMA DE REFERÊNCIA E CONTRA REFERÊNCIA

UBS - PRIMAVERA
CNES 3188805
Rua Cama, 72
Pq. Primavera Cap: 07145-1

GUIA DE ENCAMINHAMENTO Nº _____
(Médico/Odontológico)

NOME: Tasmynne Araújo dos Santos
DATA DE NASC.: 1 / 1 SEXO: () M () F IDADE: _____ RAÇA: _____
Nº CARTÃO SUS: _____ R.I.C.: _____
TELEFONE: _____ MUNICÍPIO DE RESID.: _____
NOME DA MÃE: _____

ENCAMINHAMENTO

- URGÊNCIA / EMERGÊNCIA
- EXAMES PARA DIAGNOSE
- AMBULATORIAL ESPECIALIZADO
- INTERNAÇÃO
- PROCEDIMENTO E TERAPIA DE ALTO CUSTO

Ortodontologia
Pediatria
PO

MOTIVO

HISTÓRIA CLÍNICA: Tríemes 3 anos com documento de
refração de 10 miopia e astigmatismo. Solicito avaliação
e conduta.

HIPÓTESE DIAGNÓSTICA: _____ CID.: H52

CONDUTA: _____
PRINCIPAIS EXAMES REALIZADOS (ANEXO): _____

Dra. Rayanne T. Lira Silvestre
CRM/SP: 268.900
Jesus ama você!

SOLICITANTE

NOME: _____
CPF: _____
CARTÃO NACIONAL: _____

Assinatura e Carimbo/CR
DATA: 28/04/25

DADOS DA REFERÊNCIA

DIAGNÓSTICO DEFINITIVO: _____

CONDUTA: _____

ORIENTAÇÃO: _____

OUTROS: _____

DATA: / /

Assinatura e Carimbo/CR



SECRETARIA DA SAÚDE
COORDENADORIA DE SERVIÇOS DE SAÚDE
HOSPITAL INFANTIL CÂNDIDO FONTOURA

Relatório Médico

A paciente JASMYNNE ARAGAO DOS SANTOS, 11 meses, iniciou acompanhamento no ambulatório de Cardiologia Pediátrica deste serviço, com diagnóstico de cardiopatia congênita: comunicação interatrial (CIA) sem repercussão hemodinâmica e sem indicação de cirurgia cardíaca no momento.

Retorno anual; antes se necessário.

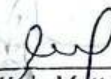
Sem mais e à disposição,

CID: Q21.1

20/10/2022

*Dra. Carla
V. Mattos Neves*

CARDIOLOGIA
PEDIATRIA
CRM - 82706


Carla V. de Mattos Neves
Cardiologia-pediatria
CRM 82706



ULTRA

Para.....: **JASMYNNE ARAGAO DOS SANTOS**
Cod. Paciente(SAME)...: **23/0007663**
Médico solicitante...: **GUILHERME GENTIL SEQUEIRA**
Convênio.....: **PARTICULAR HOSPITAL**

Exames complementares solicitados

BIOMETRIA ULTRASSÔNICA / ÓPTICA

-Ambos Olhos

TUSS: 41501012

Cirurgia prévia: _____
Óleo de Silicone intraocular () A.O. () O.D. () O.E.

Hipótese diagnóstica

AMBLIOPIA (H53.0)

Dr(a) **GUILHERME GENTIL SEQUEIRA**
CRM 174220

Dr. Guilherme Gentil Sequeira
Médico Oftalmologista
CRM-SB 174220 RQE 9507
CNS 888001488205875

Prezado cliente, dúvidas a respeito de preparo, favor entrar em contato com o nosso SAC(Serviço de Atendimento ao Cliente) - Exames

Hospital Especializado 24h:
Rua Padre Adelino, 333, Belém

Unidades Ambulatoriais (Pronto-Atendimento e Hora Marcada):

- Belém
- Grand Plaza Shopping (Sto. André)
- Internacional Shopping (Guarulhos)
- MorumbiShopping
- Santana

- Shopping Aricanduva
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- Shopping Pátio Paulista
- Shopping Taboão

- Shopping West Plaza
- SuperShopping Osasco

Agendamento de Consultas e Exames: 2602-8000 | Administração: 2602-4000 | www.cemahospital.com.br



Para.....: JASMYNNE ARAGAO DOS SANTOS
Cod. Paciente(SAME)...: 23/0007663
Médico solicitante...: GUILHERME GENTIL SEQUEIRA
Convênio.....: PARTICULAR HOSPITAL

Exames complementares solicitados

RETINOGRAFIA -Ambos Olhos TUSS: 41301315
TOPOGRAFIA COMPUTADORIZADA DE CORNEA -Ambos Olhos TUSS: 41301080

Hipótese diagnóstica

AMBLIOPIA (H53.0)

Dr(a) GUILHERME GENTIL SEQUEIRA
CRM 174220

Prezado cliente, dúvidas a respeito de preparo, favor entrar em contato com o nosso SAC(Serviço de Atendimento ao Cliente) - Exames

Hospital Especializado 24h:
Rua Padre Adelino, 333, Belém

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- Shopping Metrô Itaquera

- Shopping Metrô Santa Cruz
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- Shopping Taboão

- Shopping West Plaza
- SuperShopping Osasco

Agendamento de Consultas e Exames: 2602-8000 | Administração: 2602-4000 | www.cemahospital.com.br



R.P.S. - Recibo provisório Serviços

1a. VIA (Cliente)

2a. VIA (Emitente)

Nº

932274

CEMA HOSPITAL ESPECIALIZADO LTDA
RUA PADRE ADELINO 333 QUARTA PARADA
SAO PAULO - SP CEP: 03303-000
Data da Emissão: 05/08/2025

CNPJ: 47.192.752/0001-65
CCM: 8.207.022-9
Fone: 26028000 Email

TOMADOR DE SERVIÇOS

Nome: JASMYNNE ARAGAO DOS SANTOS
Endereço: R GRANITO 395 JARDIM BELVEDERE
Município: GUARULHOS - SP CEP: 07145-250
Paciente: JASMYNNE ARAGAO DOS SANTOS

CPF: 598.211.518-50

Atendimentos: 19454633



Este RPS será convertido em NF-e
Conforme Lei 14.097/2005 e Decreto 47.350/2006
Consulta médica faturada acima permite consulta retorno gratuita até: 04/09/2025

DISCRIMINAÇÃO DOS SERVIÇOS

Item	Descrição	Valor
1	CONSULTA OFTALMO	190,00
Valor Total do RPS e/ ou da NF-e		190,00

DECLARATION

(Self-declaration of educational background)

I, Rosineire Ferreira de Aragão,
The undersigned, born in Canavieiras,
in the state of Bahia,
Brazilian, born in 11/27/1972,
holder of ID 25.523 688.8, issued on
12/02/2022, CPF 16885930806, hereby declare under
penalty of law that I have the following educational level:

- COMPLETE ELEMENTARY EDUCATION
 COMPLETE HIGH SCHOOL
 HIGHER EDUCATION

For the purpose of enrollment in an Initial and Continuing Training course.

São Paulo, October 14,, 2024.

-----//Signature//-----

Signature of the applicant

Resolution No. 33 CEPE/IFSC (*Educational Policy and Planning Council / Federal Institute of Santa Catarina*) of 2014 establishes:

Article 1 - To set forth the prerogative for submitting a self-declaration of educational background at the time of enrollment in Initial and Continuing Training courses, when it is not possible to obtain an official document, provided that this documentation is not used for candidate ranking.

Article 2 - This Resolution does not apply to Initial and Continuing Training courses that involve Youth and Adult Education.

PROOF OF RESIDENCE / DOMICILE DECLARATION

I, Rosineire Ferreira de Aragão holder of ID
25.523.688.8, issued by the SSP
/ _____, in 10/14/2024, I declare that I reside/domicile
as described below:

Rua/Avenida Rua Granito, No. 395,
Vila União Neighborhood, ZIP Code 07145250, in
Guarulhos, São Paulo, under the terms of Decree No.
83,936 of September 6, 1979, and Law No. 7,115 of August 29, 1983, assuming full
responsibility for the statements made herein, under penalty of law.
São Paulo, October 14, _____, 2024.

-----//Signature//-----

SIGNATURE



Charleyde Alves Grupo Albatroz <op.gru@grupoalbatroz.com.br>

Scanned by CamScanner

Fwd: GPA - Scheduling of Credentialing Document Process Request | Employee: ROSINEIRE FERREIRA DE ARAGÃO

1 message

Plínio Machado Grupo Albatroz <ger.gru@grupoalbatroz.com.br>
To: Charleyde Alves Grupo Albatroz <op.gru@grupoalbatroz.com.br>

July 31, 2024 at 1:00 PM

PSC

Sincerely,



Plínio Machado | Operations

@ ger.gru@grupoalbatroz.com.br
☎ (11) 2445-5254
☎ (11) 99818-7774
📍 Guarulhos International Airport
🌐 www.grupoalbatroz.com.br

[in/grupoalbatroz](#) [f /groupalbatroz](#) [@grupo.albatroz](#) [/grupoalbatroz](#)

Notice: This message is intended exclusively for the person to whom it is addressed and may contain confidential and legally protected information. If you are not the recipient of this message, you are hereby notified to refrain from disclosing, copying, distributing, examining, or in any way using the information contained in this message, as it is illegal. If you have received this message by mistake, we ask that you reply to it, informing the content.

----- Forwarded message -----

From: <GPA-GRU@gru.com.br>
Date: Wed, Jul 31, 2024 at 09:23 AM
Subject: GPA - Scheduling of Credentialing Document Process Request | Employee: ROSINEIRE FERREIRA DE ARAGÃO
To: <ger.gru@grupoalbatroz.com.br>

Dear Representative, we inform you that the appointment for credential request No. **175413** for the employee **ROSINEIRE FERREIRA DE ARAGÃO** has been successfully scheduled for **08/06/2024, at 6:10 PM**. On the scheduled date, the employee must appear at the **Passenger Terminal credentialing office**, and only a 10-minute delay will be tolerated. During the appointment, the employee must present the original **Permanent Airport Credential Request**, duly signed by a registered representative, along with all their **original documents**. If the employee is unable to attend, we request that one of the representatives access the system through the following link: <https://gpa.gru.com.br/login> to cancel the scheduled appointment. Please note that this cancellation must be made at least 2 days in advance to avoid charges for the issued credential.

Sincerely,

TPS CREDENTIALING

Corporate Security and Terminals



FEDERAL PUBLIC SERVICE
MINISTRY OF JUSTICE AND PUBLIC SECURITY (MJSP) - FEDERAL POLICE
AIRPORT SECURITY SERVICE - SAER

REGISTRATION FOR CREDENTIALING

Request: 2024061418448380921 **Credential Type:** PERMANENT
Airport: GUARULHOS-SP / SÃO PAULO / CUMBICA / GOVERNADOR ANDRÉ FRANCO MONTORO AIRPORT -
Type of Activity: SECURITY AND GATEKEEPING COMPANIES
Description of the Credential Holder's Activity: CONTROLS THE ACCESS OF PEOPLE IN THE TERMINALS, VEHICLES IN THE TECA WAREHOUSE AND IN THE MANEUVERING YARD.

COMPANY INFORMATION

CNPJ: 66.700.295/0001-17
Company Name: ALBATROZ SEGURANCA E VIGULANCIA LTDA
Company Phone: 1124455254
Company Contact Name: FABIOLA FREIRE

PERSONAL INFORMATION

Full Name: ROSINEIRE FERREIRA DE ARAGÃO
Mother's Name: ROSA MARIA FERREIRA DE ARAGÃO
Father's Name: SIMÃO URBANO DE ARAGÃO
Date of Birth: 11/27/1972
City of Birth: CANAVIEIRAS
Nationality: Brazil
CPF: 168.859.308-06
ID Document: 255236888

State of Birth: BAHIA



State: SÃO PAULO

Issuing Authority: SSP

ADDRESS AND CONTACT INFORMATION

Country: Brazil
ZIP Code: 07145250
Number: 395
City: GUARULHOS
State: SÃO PAULO
Mobile Phone 1: 73999069037
Email: ROSINEIRE.FERREIRA.RHUAN@GMAIL.COM

Address: GRANITO
Unit:
Neighborhood: VILA UNIÃO
Mobile Phone 2:

Landline Phone:

	FORM – FO	Code	FO.SCT.031-2.0
		Date	05/06/2020
	Title: RESIDENCE DECLARATION	Area	Corporate Security and Terminals
		Pages	1/1

PERSONAL INFORMATION					
COMPANY:	ALBATROZ SEGURANÇA E VIGULANCIA LTDA				
NAME:	ROSINEIRE FERREIRA DE ARAGÃO	DATE OF BIRTH:	11/27/1972		
POSITION:	FEMALE SECURITY GUARD (P)				
ID:	25.523.688-8	CPF:	168.859.308-06	PHONE:	(73)99906-9037

ADDRESS					
STREET NAME (STREET/AVENUE/ROAD):	RUA GRANITO	DATE OF BIRTH:	395		
UNIT:		NEIGHBORHOOD:	VILA UNIÃO		
CITY:	GUARULHOS	STATE:	SÃO PAULO	ZIP CODE:	07145250

TERM OF RESPONSIBILITY	
DECLARATION	SIGNATURE OF THE DECLARANT
I declare that all the information above is true, and I am aware of the civil, administrative, and criminal sanctions provided by the applicable law regarding the accuracy of the information provided.	-----//Signature//-----

<i>[unreadable]</i> Gomes Assis	Confidentiality: For Internal Business Use	Approver: Ingrid Mimoso de Souza
---	---	---

**Employee's Name:** ROSINEIRE FERREIRA DE ARAGÃO**Hire Date:** 03/26/2024 **Termination Date:** **Registration Number:** 055553-4 **ID:** 136722**Company Information****Name:** ALBATROZ SEGURANCA E VIGILANCIA LTD 001 **CNPJ** 66.700.295/0001-17 **CNAE Code:** 80111-01
Address: Avenida TIRADENTES 1402 **Neighborhood:** LUZ **City Code:** 3550308
City: SÃO PAULO **ZIP Code:** 01102-000 **State:** SÃO PAULO**Employee personal information****Mother's Name:** ROSA MARIA FERREIRA DE ARAGAO**Father's Name:** SIMÃO URBANO DE ARAGAO**Date of Birth:** 11/27/1972**Sex:** Female**City of Birth:** CANAVIEIRAS**State:** BAHIA**Marital Status:** SINGLE**Skin:** Brown**Address:** Rua RINCAO 395**ZIP Code:** 07142250**Neighborhood:** VILA UNIÃO**City:** GUARULHOS**State:** SÃO PAULO**Phone 1:** 73 0999069037**Phone 2:** 11 0934268073**Phone 3:** 00 000000000**Email:****Email 2:****Employee general information****DRT Registration:** 055553**eSocial Enrollment:** 136722**Work Schedule:** ACCORDING TO WORK SHIFT**Additional Information:** AS PER WORK SHIFT
AS PER WORK SHIFT**Badge Number:** 000000000**Disability:** NO**Professional Qualification:****Regional Council:****Council Number:****Council Region:****Issue Date:** 00/00/0000**Expiration Date:** 00/00/0000**Hazard Pay - Insalubrity:** 0.00%**Danger Allowance:** 30.00%**Night Shift Differential:** 0.00%**Position, salary, and payment information****Hiring Position:** Female Security Guard (P)**Current Position:** Female Security Guard (P) **CBO:** 517330**Salary Type:** MONTHLY**Hiring Salary:** R\$ 1,209.00**Indemnity Salary:** 0.00**Current Role:****Variable Salary Deductions:****Department:** 01 SÃO PAULO BASE**Department:** 00001 OPERATIONS**Department:** 00000**Section:** 00000**Client:** 99999 TECHNICAL RESERVE**Position:** 00001 RESERVE SHIFT**Bank:** 00000**Branch:** 000000**Bank Account:****FGTS Bank:** 00001 CAIXA ECONÔMICA FEDERAL**FGTS Account:** 000000000000**Advance Payment:** No**Family Salary Dependents:** 00**Income Tax Dependents:** 00**RAIS Information****Hire Date:** 03/26/2024 RE-EMPLOYMENT**Education:** COMPLETE HIGH SCHOOL**Nationality:** 10 BRAZILIAN**Arrival Date:****R.N.E.:** **Validity:** 00/00/0000**Employment Record Book Validity:** 00/00/0000**Issuance Date:** 00/00/0000**Issuing Authority:****Termination Date:** 00/00/0000**Base Hours:** 130.00**Overtime Hours:** 26.00**Job Classification:****Documents****Employment Record Book:** 00000039703-202-SP**Issuance Date:** 06/16/1995**ID:** 255236888**Issuance Date:** 12/02/2022**Issuing Authority:** SSP - S**PIS/PASEP:** 27168102740**Issuance Date:****CPF:** 16885930806**Driver's License:** 00000000000000**Issuance Date:****Expiration Date:****Category:****Military Service Card:****Category:****Series:****Voter ID:** 175789060116**Issuing State:** São Paulo**Electoral District/Polling Station:** 116/01**R.I.C.:** 00000000000000**Issuing Authority:****Issuance Date:**

*Glossary:

CBO: Brazilian Occupation Classification Code

CNAE: National Classification of Economic Activities

DRT: Regional Labor Office Registration

FGTS: Guarantee Fund for Length of Service

PIS/PASEP: Social Integration Program / Civil Servant Heritage 95gram

RAIS: Annual Social Information Report

R.I.C.: Identity Card for Foreigners Registration

R.N.E.: National Foreigner

Continued...

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: March 12, 2026.

DECLARAÇÃO

(auto declaração de escolaridade)

Eu, Rozinere Ferreira de Aragão

Abaixo assinado, de nacionalidade Canadense
natural do estado de Bahia, município
de Brosilma, nascido(a) em 27 / 11 / 1972
portador do RG 25.523.688.8, órgão expedidor
02/12/2022, CPF 16.885.930.806, declaro sob as penas da
lei que possuo a seguinte escolaridade/instrução:

() ENSINO FUNDAMENTAL COMPLETO

(x) ENSINO MÉDIO COMPLETO

() ENSINO SUPERIOR

Para fins de matrícula em curso de Formação Inicial e Continuada.

SÃO PAULO, 14 de Outubro de 2024.

Rozinere Ferreira de Aragão

Assinatura do candidato

A Resolução Nº 33 CEPE/IFSC de 2014, resolve:

Art. 1º Estabelecer a prerrogativa para apresentação de autodeclaração de escolaridade no ato de matrícula em cursos de Formação Inicial e Continuada, na impossibilidade de obter um comprovante oficial, quando esta documentação não for objeto de classificação de candidatos.

Art. 2º Esta Resolução não se aplica para cursos de Formação Inicial e Continuada que envolvam Educação de Jovens e Adultos.

DECLARAÇÃO DE RESIDÊNCIA/DOMICÍLIO

Eu, Rezinem Figueira de Aragão, portador
(a) da carteira de identidade (RG) n° 25.523.688.8, expedida pela SSP
/ 34 / 10 / 2024, declaro residir/domiciliar

conforme abaixo descrito:

Rua/Avenida Rua Gaonete nº 395, Bairro: Vila União

Guarulhos São Paulo, CEP: 07155-250, Município: Guarulhos São Paulo, nos termos do decreto n°

83.936, de 06 de setembro de 1979 e da Lei n° 7.115, de 29 de agosto de 1983,
responsabilizando-me pelas declarações aqui prestadas, sob as penas da lei.

São Paulo, 14 de outubro de 2024.

Rezinem Figueira de Aragão

ASSINATURA



Charleyde Alves Grupo Albatroz <op.gru@grupoalbatroz.com.br>

Fwd: GPA - Agendamento de Solicitação de Processo Documental de Credenciamento | Colaborador: ROSINEIRE FERREIRA DE ARAGÃO

1 mensagem

Plínio Machado Grupo Albatroz <ger.gru@grupoalbatroz.com.br>
 Para: Charleyde Alves Grupo Albatroz <op.gru@grupoalbatroz.com.br>

31 de julho de 2024 às 13:00

PSC

Atenciosamente,



Plínio Machado | Operacional

@ ger.gru@grupoalbatroz.com.br

☎ (11) 2445-5254

☎ (11) 99818-7774

📍 Aeroporto Internacional de Guarulhos

🌐 www.grupoalbatroz.com.br

[in/grupoalbatroz](#) [f/groupalbatroz](#) [@grupo.albatroz](#) [/grupoalbatroz](#)

Aviso: Esta mensagem é destinada exclusivamente para a(s) pessoas a quem é dirigida, podendo conter informação confidencial e legalmente protegida. Se você não for o destinatário desta mensagem, desde já fica notificado de abster-se de divulgar, copiar, distribuir, examinar ou, de qualquer forma, utilizar a informação contida nesta mensagem, por ser ilegal. Caso você tenha recebido esta mensagem por engano, pedimos que responda a mesma informando o ocorrido.

----- Forwarded message -----

De: <GPA-GRU@gru.com.br>

Date: qua., 31 de jul. de 2024 às 09:23

Subject: GPA - Agendamento de Solicitação de Processo Documental de Credenciamento | Colaborador: ROSINEIRE FERREIRA DE ARAGÃO

To: <ger.gru@grupoalbatroz.com.br>

Prezado Representante, Informamos que o agendamento da solicitação de credencial de nº **175413** para atendimento do colaborador **ROSINEIRE FERREIRA DE ARAGÃO** foi realizado com sucesso, para o dia **06/08/2024, às 18:10**. Na data agendada, o colaborador deve comparecer no **credenciamento do Terminal de Passageiros**, e serão tolerados apenas 10 minutos de atraso. Durante o atendimento será necessário que o colaborador apresente a **Requisição de Credencial Aeroportuária Permanente original**, devidamente assinada por um representante cadastrado, e todos os seus **Documentos originais**. Caso o colaborador não possa comparecer, solicitamos que um dos representantes acessem o sistema através do link a seguir <https://gpa.gru.com.br/login>, para cancelar o agendamento efetuado. Ressaltamos que esse cancelamento deve ser efetuado com pelo menos 2 dias de antecedência, para que não haja a cobrança da credencial emitida.

Atenciosamente,

CREDENCIAMENTO TPS

Segurança Corporativa e Terminais



SERVIÇO PÚBLICO FEDERAL
MJSP-POLÍCIA FEDERAL
SERVIÇO DE SEGURANÇA AEROPORTUÁRIA - SAER

REGISTRO PARA CREDENCIAMENTO

Requerimento: 2024061418448380921 **Tipo de Credencial:** PERMANENTE
Aeroporto: GUARULHOS-SP / SÃO PAULO / CUMBICA / AEROPORTO GOVERNADOR ANDRÉ FRANCO MONTORO -
Tipo de Atividade: EMPRESAS DE VIGILÂNCIA E PORTARIA
Descrição da Atividade do Credenciado: CONTROLA O ACESSO DE PESSOAS NOS TERMINAIS,VEICULOS NO
ARMAZEM TECA E PATIO DE MANOBRAS.

INFORMAÇÕES SOBRE A EMPRESA

CNPJ: 66.700.295/0001-17
Razão Social: ALBATROZ SEGURANCA E VIGILANCIA LTDA
Telefone da Empresa: 1124455254
Nome de Contato da Empresa: FABIOLA FREIRE

INFORMAÇÕES PESSOAIS

Nome Completo: ROSINEIRE FERREIRA DE ARAGÃO
Nome Mãe: ROSA MARIA FERREIRA DE ARAGÃO
Nome Pai: SIMÃO URBANO DE ARAGÃO
Data de Nascimento: 27/11/1972
Cidade de Nascimento: CANAVIEIRAS
Nacionalidade: Brasil
CPF: 168.859.308-06
Documento de Identificação: 255236888

UF de Nascimento: BA



UF: SP

Orgão Expedidor: SSP

INFORMAÇÕES DE ENDEREÇO E CONTATO

País: Brasil
CEP: 07145250 **Logradouro:** GRANITO
Número: 395 **Complemento:**
Cidade: GUARULHOS
UF: SP **Bairro:** VILA UNIÃO
Telefone Celular 1: 73999069037 **Telefone Celular 2:**
E-mail: ROSINEIRE.FERREIRA.RHUAN@GMAIL.COM

Telefone Fixo:

Protocolo: 20240614184483

1

	FORMULÁRIO - FO	Código	FO.SCT.031-2.0
		Data	06/05/2020
	Título: DECLARAÇÃO DE RESIDÊNCIA	Área	Segurança Corporativa e Terminais
		Páginas	1/1

DADOS PESSOAIS

EMPRESA:	ALBATROZ SEGURANÇA E VIGILANCIA LTDA		
NOME:	ROSINEIRE FERREIRA DE ARAGÃO	DATA NASCIMENTO:	27/11/1972
CARGO:	VIGILANTE FEMININO (P)		
RG:	25.523.688-8	CPF:	168.859.308-06
		TELEFONE:	(73)99906-9037

ENDEREÇO

LOGRADOURO (RUA / AVENIDA / ESTRADA):	RUA GRANITO	NÚMERO:	395
COMPLEMENTO:		BAIRRO:	VILA UNIÃO
CIDADE:	GUARULHOS	ESTADO:	SP
		CEP:	07145250

TERMO DE RESPONSABILIDADE

DECLARAÇÃO	ASSINATURA DO DECLARANTE
Declaro que todas as informações acima são verídicas, onde estou ciente quanto às sanções civis, administrativas e criminais previstas na legislação aplicável em relação à veracidade dos dados informados.	<i>Rosineire Ferreira de Aragão</i>

dor: Gomes Assis	Sigilo: Uso Interno ao Negócio	Aprovador: Ingrid Mimoso de Souza
----------------------------	--	---



Nome do trabalhador: ROSINETE FERREIRA DE ARAGÃO
Data de admissão: 26/03/2024 **Data de rescisão:** Registro: 055553-4 Id: 136722

Dados da Empresa
Nome: ALBATROZ SEGURANCA E VIGILANCIA LTD 001 **Num.Insc.:** 66.700.295/0001-17 **Cód.CNAE:** 80111 01
Endereço: Avenida TIRADENTES 1402 **Bairro:** LUZ **Cód.Munic.:** 3550308
Cidade: SAO PAULO **CEP:** 01102 000 **Uni. Fed.:** SP

Dados pessoais do empregado
Nome da mãe: ROSA MARIA FERREIRA DE ARAGAO
Nome do pai: SIMAO URBANO DE ARAGAO **Sexo:** Feminino
Data de nasc.: 27/11/1972 **U.F.:** BA
Naturalidade: CANAVIEIRAS **Raça/Cor:** Parda
Estado Civil: SOLTEIRA **Cidade:** GUARULHOS **C.E.P.:** 07142 250
Endereço: Rua RINCAO 395 **Telefone 3:** 00 000000000
Bairro: VILA UNIAO **Telefone 2:** 11 0934268073
Telefone 1: 73 0999069037
E-mail:
E-mail 2:

Dados gerais do empregado
Registro DRT: 055553 **Matr. eSocial:** 136722
Horário: DE ACORDO COM ESCALA TRABALHO DE ACORDO COM ESCALA TRABALHO
Complemento: CONFORME ESCALA
Chapa: 000000000 **Deficiente:** NAO
Hab. Profiss.: **Con. Regional:**
Num.conselho: **Emissão:** 00/00/0000 **Vencimento:** 00/00/0000
Adic. Insal.: 0,00 % **Região cons.:** **Adic. peric.:** 30,00 % **Adic. Not.:** 0,00 %

Cargo, salário e dados para pagamento
Cargo admissão: VIGILANTE FEMININO (P) **CBO:** 517330
Tipo salário: MENSALISTA **Sal. adm.:** 1.209,00 **Sal. Ind.:** 0,00
Função atual:
Diretoria: 01 BASE SAO PAULO
Setor: 00000
Cliente: 99999 RESERVA TECNICA
Banco: 00000
Banco FGTS: 00001 CAIXA ECONOMICA FEDERAL
Adiantamento: Nao
Desc.Sal.Var.:
Depto: 00001 OPERACIONAL
Seção: 00000
Posto: 00001 PLANTAO RESERVA
Agência: 000000 **Conta Bancária:**
Conta FGTS: 000000000000
Dep. sal. fam.: 00 **Dep. IR:** 00

Dados para RAIS
Admissão: 26/03/2024 RE-EMPREGO **Instrução:** ENS.MEDIO COMPLETO
Nacionalidade: 10 BRASILEIRO **Chegada:**
R.N.E.: **Validade:** 00/00/0000 **Val. CTPS.:** 00/00/0000
Expedição: 00/00/0000 **Orgão Emissor:**
Rescisão: 00/00/0000 **Horas base:** 130,00 **Horas sem.:** 26,00
Clas. Tr. Estra.

Documentos
Carteira prof.: 00000039703 - 202 - SP **Emissão:** 16/06/1995
R.G.: 255236888 **Emissão:** 02/12/2022 **Orgão:** SSP -SP
PIS/PASEP: 27168102740 **Emissão:** **CPF:** 16885930806
CNH: 00000000000000 **Expedição:** **Categoria:**
Reservista: **Categoria:** **Série:**
Tit. eleitor: 175789060116 **UF emissor:** SP **Zona/seção:** 116 / 0137
R.I.C.: 00000000000000 **Orgão:** **Emissão:**

Continua...

- FAMILY SUPPORT LETTER

Support Letter

I, **EVELLEN ARAGÃO BONIFÁCIO, BRAZILIAN, HAIRDRESSER**, holder of ID No. 37.016.398-9/CPF 476.959.998-65, residing at **RUA GRANITO Nº395, VILA UNIÃO, GUARULHOS/SÃO PAULO**, hereby declare for all due purposes that I am the **DAUGHTER of ROSINEIRE FERREIRA DE ARAGÃO**.

I declare that **ROSINEIRE FERREIRA DE ARAGÃO** resides in Brazil, has strong family ties, and has always maintained her residence and life established in Brazilian territory, where they maintain her personal, family, and professional routine.

During the period in which she is in the United States on a tourist trip, we maintain frequent contact, and I am fully aware that her stay in the country is solely for tourist and temporary purposes.

I emphasize that **ROSINEIRE FERREIRA DE ARAGÃO** has family obligations in Brazil, including **CARE OF PARENTS, CHILDREN, FAMILY ROUTINE, WORK, etc.**, which require her return after the end of this trip.

I also declare that I am aware of the request for an extension of temporary stay and reaffirm that her return to Brazil is certain due to the family, personal, and professional ties maintained here.

I sign this declaration as a form of support for the submitted request.

GUARULHOS, 02/24/2026

Signature: -----//**Signature**//-----

EVELLEN ARAGÃO BONIFÁCIO

Phone: **(11) 93246-8073**

Email: **EVELLYN_ARIELLY.RHUAN@OUTLOOK.COM.BR**

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: March 11, 2026.

– CARTA DE SUPORTE DE FAMILIAR

Carta de Suporte

Eu **EVELLEN ARAGÃO BONIFACIO**, BRASILEIRA, CABELEIREIRA, portador(a) do documento nº RG 37.016.398-9/CPF 476.959.998-65, residente à RUA GRANITO Nº395, VILA UNIÃO, GUARULHOS/SP, declaro para os devidos fins que sou FILHA de **ROSINEIRE FERREIRA DE ARAGÃO**.

Declaro que **ROSINEIRE FERREIRA DE ARAGÃO** reside no Brasil, possui vínculos familiares sólidos e sempre manteve sua residência e sua vida estabelecida em território brasileiro, onde mantém sua rotina pessoal, familiar e profissional.


Durante o período em que se encontra nos Estados Unidos em viagem turística, mantemos contato frequente, e tenho pleno conhecimento de que sua permanência no país possui finalidade exclusivamente turística e temporária.

Ressalto que **ROSINEIRE FERREIRA DE ARAGÃO** possui compromissos familiares no Brasil, incluindo **CUIDADO COM PAIS, FILHOS, ROTINA FAMILIAR, TRABALHO** etc., que demandam seu retorno após o término desta viagem.

Declaro ainda que tenho ciência do pedido de extensão de permanência temporária e reafirmo que seu retorno ao Brasil é certo, em razão dos vínculos familiares, pessoais e profissionais aqui mantidos.

Firmo a presente declaração como forma de apoio ao pedido apresentado.

GUARULHOS, 24/02/2026

Assinatura: 
EVELLEN ARAGÃO BONIFACIO

Telefone: (11) 93246-8073

E-mail: EVELLYN_ARIELLY.RHUAN@OUTLOOK.COM .BR

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF SÃO PAULO
SECRETARIAT OF PUBLIC SECURITY
IDENTIFICATION INSTITUTE
"RICARDO GUMBLETON DAUN"

8600-9

NAME
EVELLEN ARAGÃO BONIFÁCIO

FILIATION
ERALDO MARINHO BONIFACIO

ROSIMEIRE FERREIRA DE ARAGÃO

DATE OF BIRTH
05/25/1996

CITY OF BIRTH
GUARULHOS - SP

NOTE

ISSUING AUTHORITY
SSP-SP

RH FACTOR



Evellen Aragão Bonifácio

SIGNATURE OF THE HOLDER

IDENTITY CARD

64444B45

LAW No. 7.116 OF AUGUST 29, 1983

CPF 476959998/65 DNI

GENERAL RECORD 37.016.398-9 2nd copy ISSUING DATE 03/25

CIVIL REGISTRY

GUARULHOS-SP GUARULHOS BIRTH CERTIFICATE BOOK A655 /PAGE 052 /NO

VOTER ID EMPLOYMENT RECORD BOOK SERIES STATE
040433835450116 00000000061022 0454 SP

PROFESSIONAL ID

MILITARY CERTIFICATE

DRIVER'S LICENCE CNS
705008017443752

[Signature]

Mihaki Yamamoto
Divisional Police Chief IIRGD.SSP.SP

DIRECTOR'S SIGNATURE

RIGHT THUMB



DO NOT LAMINATE

VALID IN ALL NATIONAL TERRITORY

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: March 12, 2026.

REPUBLICA FEDERATIVA DO BRASIL

ESTADO DE SÃO PAULO
SECRETARIA DA SEGURANÇA PÚBLICA
INSTITUTO DE IDENTIFICAÇÃO
"RICARDO GUMBLETON DAUNT"

8600-9

NOME **EVELLEN ARAGÃO BONIFÁCIO**

FILIAÇÃO
ERALDO MARINHO BONIFACIO

ROSIMEIRE FERREIRA DE ARAGÃO

DATA NASCIMENTO
25/05/1996
NATURALIDADE
GUARULHOS - SP
OBSERVAÇÃO

ORGÃO EXPEDIDOR
SSP-SP

FATOR RH



64444B45

Evelllen Aragão Bonifácio

ASSINATURA DO TITULAR

CARTEIRA DE IDENTIDADE

VAL 2

LEI Nº 7.116, DE 29 DE AGOSTO DE 1983

CPF 476959998/65 DNI
REGISTRO GERAL **37.016.398-9** 2 via DATA DE EXPEDIÇÃO 25/03/2022
REGISTRO CIVIL
GUARULHOS-SP GUARULHOS CN:LV.A655/FLS0052/N.365977

T. ELEITOR 0433835450116 CTPS 0000000061022 SÉRIE 0454 UF SP
M5/PIS/PASEP IDENTIDADE PROFISSIONAL

CERT. MILITAR

CNH

CNS 705008017443752

POLEGAR DIREITO



Mitaki Yamamoto

Delegado de Polícia Divisão IIRGD.SSP.SP

ASSINATURA DO DIRETOR

VALIDA EM TODO O TERRITÓRIO NACIONAL

NÃO PLASTIFICAR



DANF3E – AUXILIARY DOCUMENT OF THE ELECTRONIC ELECTRICITY INVOICE

EDP SP DISTRIBUIÇÃO DE ENERGIA S.A.
RUA WERNER VON SIEMENS, NO. 111, ROOM 1, SUITE 22, BLOCK A LAPA DE BAIXO
SÃO PAULO – SP ZIP CODE: 05069-900
CNPJ: 02.302.100/0001-06 STATE REGISTRATION: 115.026.474.116

DELIVERY ADDRESS:
EVELLEN ARAGAO BONIFACIO
RUA GRANITO 393, HOUSE 01
VILA UNIÃO – GUARULHOS – SP
ZIP CODE: 07145-250 METER: 0017590753
B08GU28Z00134 PAGE: 1/2

Class: B - B1-RESIDENTIAL - LOW INCOME Tariff Modality: CONVENTIONAL	Nominal Voltage: 240 / 120 V Type of Supply: SINGLE-PHASE	Invoice with reduction due to the application of the Electric Energy Social Tariff, created by Law No. 10,438 of April 26, 2002.
---	--	--

EVELLEN ARAGAO BONIFACIO
RUA GRANITO 393, HOUSE 01
VILA UNIÃO – GUARULHOS – SP
ZIP CODE: 07145-250 CPF: 47695999865

CONSUMER UNIT
0.002.284.321.004-41

READING DATES	Previous Reading	Current Reading	Number of Days	Next Scheduled Reading
	01/13/2026	02/10/2026	28	03/12/2026



INVOICE NUMBER 010.418.566 - Single Series
ISSUE DATE: 02/11/2026
Consult using the Access Key at:
<http://dfe-portal.svrs.rs.gov.br/NF3e/consulta>
Access Key:
35260202302100000106660000104185661069309850
Authorization Protocol: 335260003100001 - 02/11/2026 at 9:20:01 PM

REF.: MONTH/YEAR	DUE DATE	TOTAL AMOUNT DUE
FEB/2026	02/26/2026	R\$ 59,71

Billing Details														
CCI	Description	Unit	Quantity	Unit Price (R\$) with taxes	Total Amount R\$	PIS/CONFINS	ICMS Calculation Base (R\$)	ICMS Rate (%)	ICMS (R\$)	Unit Tariff (R\$)	Taxes	Calculation Base (R\$)	Rate (%)	Amount (R\$)
0699	Tariff Subsidy		47,3100	1,13633481	53,76	0,00	53,76	12,000	6,45	1,00000000	PIS	44,03	1,06	0,47
0999	Tariff Subsidy Credit		47,3100-	1,00000000	47,31-	0,00	0,00	0,000	0,00	1,00000000	COFINS	44,03	4,910	2,16
0605	TUSD – Consumption MP 1300	kWh	80,0000	0,00000000	0,00	0,00	0,00	12,000	0,00	0,00000000				
0605	TUSD – Consumption MP 1300	kWh	70,0000	0,36357143	25,45	1,34	25,45	12,000	3,05	0,30080000				
0601	TE – Consumption MP 1300	kWh	80,0000	0,00000000	0,00	0,00	0,00	12,000	0,00	0,00000000				
0601	TE – Consumption MP 1300	kWh	70,0000	0,35114286	24,58	1,29	24,58	12,000	2,95	0,29060000				
0805	Late Payment Fine – Ref.: Jan/26		1,0000		1,55					0,00000000				
0805	Monetary Adjustment (IPCA) – Ref.: Nov/25		1,0000		0,25					0,00000000				
0804	Late Payment Interest – Ref.: Jan/26		1,0000		0,36					0,00000000				
0804	Late Payment Interest – Ref.: Dec/25		1,0000		0,27					0,00000000				
0804	Late Payment Interest – Ref.: Nov/25		1,0000		0,80					0,00000000				
	TOTAL				59,71	2,63	103,79		12,45					

Time Band Tariff
GREEN:
01/14/2026 a 02/10/2026
28 days

Meter	Quantities	Time Period	Previous Reading	Current Reading	Meter Constant	Energy Cons.
17590753	Active Energy (kWh)	Single	3.550	3.702	1,00000	152.000

Reserved for Tax Authority

Notice
Information: CDE Charge – Water Scarcity included in the tariff R\$0.09-. Tariff Benefit obtained through the Social Tariff: R\$ 47.31

DEBT NOTICE

Thank you for your punctual payment.



DUE DATE	TOTAL AMOUNT DUE	CONSUMER UNIT	REF.: MONTH/YEAR
02/26/2026	59,71	0.002.284.321.004-41	FEB/2026

Automatic Debit Identifier
190043943839

836900000008 597100730055 611786636005 005828993740



Month/Year	Active Consumption	Total Value (R\$)
02/26	152	59,71
01/26	180	78,56
12/25	139	52,04
11/25	138	51,33
10/25	164	69,49
09/25	195	95,14
08/25	185	66,50
07/25	209	107,99
06/25	187	96,67
05/25	233	137,66
04/25	233	137,22
03/25	212	121,17
02/25	230	115,97

Important Information

- **Supplementary information, General Conditions of Supply, Tariffs, Public Lighting Contribution, Products, Services Provided, Taxes, and the calculation of continuity indicators and applicable limits are available for consultation by calling 0800 721 0123, at our Customer Service Offices, or on the EDP website: www.edp.com.br.**
- Amounts related to our services are charged only on the electricity bill.
- **Late payment of the bill will result in a 2% fine, 1% monthly interest, and a monetary adjustment, which will be included in the following month's bill.**
- Payment, even after the due date, must be made through the banking network or authorized collection agents widely available in your locality.
- EDP does not have door-to-door bill collectors.
- For payment by check, settlement of the electricity bill will be conditional upon its clearance.

Details of the Billed Amount (R\$)

Electric Energy	21,39
Distribution	13,59
Transmission	4,58
Sectoral Charges	1,84
Taxes / Levies	15,08
Total	56,48



EDP Customer Service
 0800 721 0123
 Free call for service requests and information
 edponline – App available for iOS and Android
www.edponline.com.br

Customer/Delivery Address

DELIVERY ADDRESS:
EVELLEN ARAGAO BONIFACIO
 RUA GRANITO 393, HOUSE 01
 VILA UNIÃO – GUARULHOS – SP
 ZIP CODE: 07145-250 METER: 0017590753
 B08GU28Z00134 PAGE: 2/2

Dates

02/10/2026

Consumer Unit

0.002.284.321.004-41

Due Date

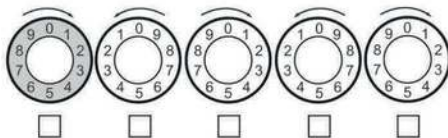
02/26/2026

Monthly Bill

FEB/2026

Self-Reading

Report it to EDP Customer Service. Before doing so, mark the positions of the pointers on the meter dials **from right to left**, or write down the numbers shown in the display boxes. Remember to record the reading date.



READING DATE: ____/____/____

Nearest payment locations

edp.com.br

EDP Customer Service: 0800 721 0123



/edpbpr



/edpbrasil



/edpnobrasil



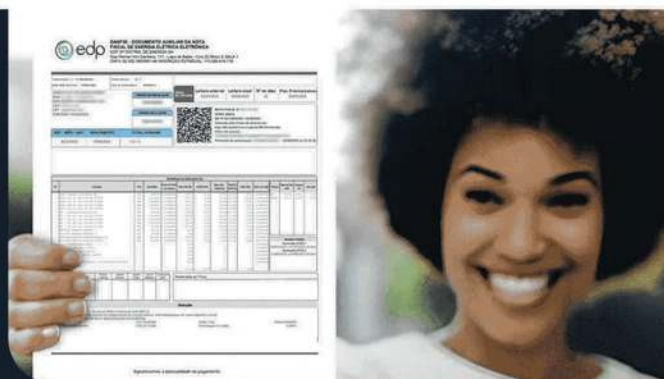
/company/edpbrasil

EDP Ombudsman: 0800 721 0201 (Monday to Friday, except holidays, from 08:00 a.m. to 06:00 p.m.) Free call from landlines and mobile phones.
 ANEEL – National Electric Energy Agency: Phone: 167 (Free call from landlines and mobile phones)



Come with us.
 Your **bill** is more
secure and transparent.

- Starting 10/01/2025, for greater transparency and security in billing information, your electricity bill will include a QR Code that provides access to the Electronic Invoice (NF-e).



Learn more at: www.edp.com.br/suaconta

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 11, 2026



DANF3E - DOCUMENTO AUXILIAR DA NOTA FISCAL DE ENERGIA ELÉTRICA ELETRÔNICA

EDP SP DISTRIB DE ENERGIA SA
RUA WERNER VON SIEMENS, 111 SALA 1 CJ 22 BL A LAPA DE BAIXO SAO PAULO
CEP 05069-900
CNPJ 02302100000106 - INSC. ESTADUAL 115026474116

ENDEREÇO DE ENTREGA:
EVELLEN ARAGAO BONIFACIO
RUA GRANITO 393 CS 01
VILA UNIAO / GUARULHOS - SP
CEP: 07145-250 MEDIDOR:0017590753
B08GU28Z00134 PAG 1/2

Classificação: B - B1-RESIDENCIAL - BAIXA RENDA
Modalidade Tarifária: CONVENCIONAL

Tensão Nominal: 240 / 120 V
Tipo de Fornecimento: MONOFÁSICO

Fatura com redução pela aplicação da Tarifa Social de Energia Elétrica, criada pela Lei nº 10.438, de 26 de abril de 2002.

EVELLEN ARAGAO BONIFACIO
RUA GRANITO 393 CS 01
VILA UNIAO / GUARULHOS - SP
CEP: 07145-250
CPF: 47695999865

NÚMERO DA UC
0.002.284.321.004-41

DATAS DE LEITURAS	Leitura anterior	Leitura atual	Nº de dias	Prev. Próxima Leitura
	13/01/2026	10/02/2026	28	12/03/2026



NOTA FISCAL Nº010.418.566 - Série Única DATA DE EMISSÃO: 11/02/2026

Consulte pela Chave de Acesso em:
<http://dfe-portal.svrs.rs.gov.br/NF3e/consulta>

chave de acesso:
35260202302100000106660000104185661069309850
Protocolo de autorização: 335260003100001 - 11/02/2026 às 21:20:01

REF.: MÊS / ANO	VENCIMENTO	TOTAL A PAGAR
FEV/2026	26/02/2026	R\$ 59,71

Detalhes do faturamento														
CCI	Descrição	Unid	Quantidade	Preço Unit (R\$) com tributos	Valor Total R\$	PIS/COFINS	Base Calc. ICMS (R\$)	Alíquota ICMS (%)	ICMS(R\$)	Tarifa Unit.(R\$)	Tributos	Base de Calc. (R\$)	Alíquota (%)	Valor (R\$)
0699	Subvenção Tarifária		47,3100	1,13633481	53,76	0,00	53,76	12,000	6,45	1,00000000	PIS	44,03	1,06	0,47
0999	Crédito Subvenção Tarifária		47,3100	-1,00000000	47,31	0,00	0,00	0,000	0,00	1,00000000	COFINS	44,03	4,910	2,16
0605	TUSD - Consumo MP 1300	kWh	80,0000	0,00000000	0,00	0,00	0,00	12,000	0,00	0,00000000				
0605	TUSD - Consumo MP 1300	kWh	70,0000	0,36357143	25,45	1,34	25,45	12,000	3,05	0,30080000				
0601	TE - Consumo MP 1300	kWh	80,0000	0,00000000	0,00	0,00	0,00	12,000	0,00	0,00000000				
0601	TE - Consumo MP 1300	kWh	70,0000	0,35114286	24,58	1,29	24,58	12,000	2,95	0,29060000				
0805	Multa Ref.: Jan/26		1,0000		1,55					0,00000000				
0805	Atualiz. Monet. IPCA Ref.: Nov/25		1,0000		0,25					0,00000000				
0804	Juros de Mora Ref.: Jan/26		1,0000		0,36					0,00000000				
0804	Juros de Mora Ref.: Dez/25		1,0000		0,27					0,00000000				
0804	Juros de Mora Ref.: Nov/25		1,0000		0,80					0,00000000				
	TOTAL				59,71	2,63	103,79		12,45					

Bandeira Tarifária
VERDE:
14/01/2026 a 10/02/2026-28 dias

Medidor	Grandezas	Postos horários	Leitura Anterior	Leitura Atual	Const Medidor	Consumo kwh
17590753	Energia Ativa - kWh	Único	3.550	3.702	1,00000	152,000

Reservado ao Fisco

Atenção

Informativo: Encargo CDE - Escassez Hídrica incluso da tarifa R\$0,09-. Benefício Tarifário obtido com a Tarifa Social: R\$ 47,31

REAVISO DE DÉBITO

Agradecemos a pontualidade no pagamento.



VENCIMENTO	TOTAL A PAGAR	NÚMERO DA UC	REF.: MÊS / ANO
26/02/2026	59,71	0.002.284.321.004-41	FEV/2026

Identificador para Débito Automático
190043943839

836900000008 597100730055 611786636005 005828993740



112

Mês/Ano	Consumo Ativo	Valor Total (R\$)
02/26	152	59,71
01/26	180	78,56
12/25	139	52,04
11/25	138	51,33
10/25	164	69,49
09/25	195	95,14
08/25	185	66,50
07/25	209	107,99
06/25	187	96,67
05/25	233	137,66
04/25	233	137,22
03/25	212	121,17
02/25	230	115,97

Informações Importantes

- **Informações Suplementares, Condições Gerais de Fornecimento, Tarifas, Contribuição de Iluminação Pública, Produtos, Serviços Prestados, Impostos e apuração dos indicadores de continuidade e limites aplicáveis se encontram a disposição para consulta através do telefone 0800 721 0123, em nossas Lojas Comerciais e no site da EDP: www.edp.com.br.**
- Os valores relativos aos nossos serviços são cobrados apenas na conta de energia elétrica.
- **O atraso no pagamento da fatura incidirá multa de 2%, juros moratórios de 1% ao mês e atualização monetária que serão incluídos na fatura do próximo mês.**
- O pagamento, mesmo após o vencimento, deve ser realizado na rede de bancos ou agentes arrecadadores credenciados amplamente divulgada em sua localidade.
- A EDP não possui cobradores domiciliares.
- Para pagamento em cheque, a quitação de conta de energia elétrica estará condicionada a sua compensação.

Detalhe do Valor Faturado (R\$)

Energia Elétrica	21,39
Distribuição	13,59
Transmissão	4,58
Encargos Setoriais	1,84
Imposto / Tributos	15,08
Total	56,48



Atendimento EDP
0800 721 0123

Ligação Gratuita para solicitações de serviços e informações
edponline - App disponível para IOS e Android
www.edponline.com.br

Cliente / Endereço de Entrega

ENDEREÇO DE ENTREGA:
EVELLEN ARAGAO BONIFACIO
RUA GRANITO 393 CS 01
VILA UNIAO / GUARULHOS - SP
CEP: 07145-250 MEDIDOR:0017590753
B08GU28Z00134 PAG 2/2

Datas

10/02/2026

Número da UC

0.002.284.321.004-41

Data de Vencimento

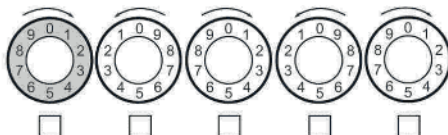
26/02/2026

Conta do Mês

FEV/2026

Autoleitura

Informe no Atendimento EDP. Antes, marque as posições dos ponteiros nos relógios, **da direita para a esquerda**, ou anote os números registrados nos quadros. Lembre-se de anotar a data de leitura.



DATA DA LEITURA ____/____/____

Locais mais próximos para pagamento

edp.com.br

Atendimento EDP: 0800 721 0123



/edpbr



/edpbrasil



/edpnobrasil



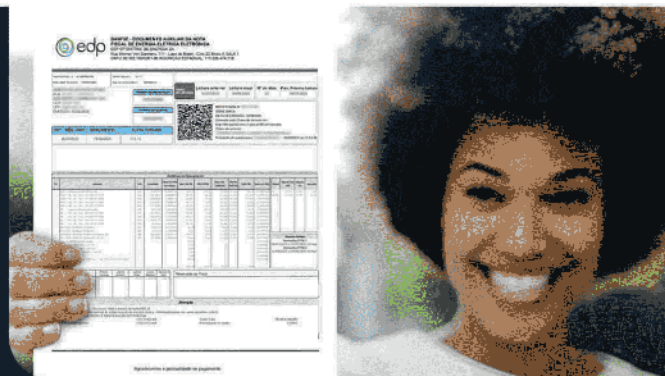
/company/edpbrasil

Ouvidoria EDP: 0800 721 0201 (de segunda a sexta, exceto feriados, das 08h00 as 18h00) (Ligação gratuita de telefones fixos e móveis)
ANEEL - Agência Nacional de Energia Elétrica: Tel. 167 (ligação gratuita de telefones fixos e móveis)



Vem com a gente.
Sua **fatura** mais
segura e transparente.

- A partir de 01/10/2025, para maior transparência e segurança nas informações da fatura, sua conta de energia terá um Qr Code que dá acesso à Nota Fiscal Eletrônica (NFE).



Saiba mais em: www.edp.com.br/suaconta

DECLARATION OF RESIDENCE

I, **Evellen Aragão Bonifácio**, Brazilian, holder of CPF No. 476.959.998-65, residing and domiciled at **Rua Granito, No. 393, House 01, Vila União, Guarulhos, State of São Paulo, ZIP Code 07145-250**, hereby DECLARE, for all due purposes, that **Rosineire Ferreira de Aragão**, holder of passport/travel document **GH113421**, resides at the address stated above.

I declare, under penalty of law, that the information provided herein is true and accurate.

Guarulhos/SP, March 2, 2026.

Signature: 

Evellen Aragão Bonifácio

CPF No. 476.959.998-65

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: March 11, 2026

DECLARAÇÃO DE RESIDÊNCIA

Eu, **Evelen Aragão Bonifácio**, brasileira, portadora do CPF nº 476.959.998-65, residente e domiciliada à **Rua Granito, nº 393, Casa 01, Vila União, Guarulhos/SP, CEP 07145-250**, DECLARO, para os devidos fins, que **Rosineire Ferreira de Aragão**, portadora do passaporte/documento de viagem **GH113421**, reside no endereço acima informado.

Declaro, sob as penas da lei, que as informações prestadas são verdadeiras.

Guarulhos/SP, 02 de Março de 2026.

Assinatura: Evelen Aragão Bonifácio

Evelen Aragão Bonifácio

CPF nº 476.959.998-65

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF SÃO PAULO
SECRETARIAT OF PUBLIC SECURITY
IDENTIFICATION INSTITUTE
"RICARDO GUMBLETON DAUN"

8600-9

NAME
EVELLEN ARAGÃO BONIFÁCIO

FILIATION
ERALDO MARINHO BONIFACIO

ROSIMEIRE FERREIRA DE ARAGÃO

DATE OF BIRTH
05/25/1996
CITY OF BIRTH
GUARULHOS - SP
NOTE

ISSUING AUTHORITY
SSP-SP

RH FACTOR



Evellen Aragão Bonifácio

SIGNATURE OF THE HOLDER

IDENTITY CARD

64444B45

LAW No. 7.116 OF AUGUST 29, 1983

CPF 476959998/65 DNI

GENERAL RECORD 37.016.398-9 2nd copy ISSUING DATE 03/25

CIVIL REGISTRY

GUARULHOS-SP GUARULHOS BIRTH CERTIFICATE BOOK A655 /PAGE 052 /NO

VOTER ID EMPLOYMENT RECORD BOOK SERIES STATE
040433835450116 00000000061022 0454 SP

PROFESSIONAL ID

MILITARY CERTIFICATE

DRIVER'S LICENCE CNS
705008017443752

[Signature]

Mihaki Yamamoto
Divisional Police Chief IIRGD.SSP.SP

DIRECTOR'S SIGNATURE

RIGHT THUMB



DO NOT LAMINATE

VALID IN ALL NATIONAL TERRITORY

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: March 12, 2026.

REPUBLICA FEDERATIVA DO BRASIL

ESTADO DE SÃO PAULO
SECRETARIA DA SEGURANÇA PÚBLICA
INSTITUTO DE IDENTIFICAÇÃO
"RICARDO GUMBLETON DAUNT"

8600-9

NOME **EVELLEN ARAGÃO BONIFÁCIO**

FILIAÇÃO
ERALDO MARINHO BONIFACIO

ROSIMEIRE FERREIRA DE ARAGÃO

DATA NASCIMENTO
25/05/1996
NATURALIDADE
GUARULHOS - SP
OBSERVAÇÃO

ORGÃO EXPEDIDOR
SSP-SP

FATOR RH



64444B45

Evelllen Aragão Bonifácio

ASSINATURA DO TITULAR

CARTEIRA DE IDENTIDADE

VAL 2

LEI Nº 7.116, DE 29 DE AGOSTO DE 1983

CPF 476959998/65 DNI
REGISTRO GERAL 37.016.398-9 2 via DATA DE EXPEDIÇÃO 25/03/2022
REGISTRO CIVIL
GUARULHOS-SP GUARULHOS CN:LV.A655/FLS0052/N.365977

T. ELEITOR 0433835450116 CTPS 0000000061022 SÉRIE 0454 UF SP
M5/PIS/PASEP IDENTIDADE PROFISSIONAL

CERT. MILITAR

CNH

CNS 705008017443752

POLEGAR DIREITO



Mitaki Yamamoto

Delegado de Polícia Divisório IIRGD.SSP.SP

ASSINATURA DO DIRETOR

VALIDA EM TODO O TERRITÓRIO NACIONAL

NÃO PLASTIFICAR

PRIVATE AGREEMENT FOR THE ASSIGNMENT
AND TRANSFER OF POSSESSORY
RIGHTS

AMOUNT: R\$ 1,200.00 PAID IN FULL

Through this Private Instrument of Assignment and Transfer of Possessory Rights, on the one part, as ASSIGNORS: MR. GILBERTO SILVA SANTANA, Brazilian, Machine Operator, of legal age, Married to Mrs. FRANCISCA MENDES DE LIMA SANTANA, holder of RG No. 3.638.731-SSP-BA and Taxpayer Identification (CIC) No. 346.279.795-68, residing and domiciled at Rua Hum, No. 6, Parque Mikail, in the City of Guarulhos, State of São Paulo

And on the other part, as ASSIGNEE: MR. ERALDO MARINHO BONIFÁCIO, Brazilian, single, of legal age, Machine Operator, holder of RG No. 3.638.732- and Taxpayer Identification (CIC) No. 346.279.605-49, Rua Granito, No. 54, Jardim Primavera, in the City of Guarulhos, State of São Paulo

They have agreed and contracted among themselves, through this instrument, the following terms, which they mutually accept and grant, as follows:

01- The parties first named and identified above, the Assignors, are the lawful holders and legitimate possessors of the possessory rights to a parcel of land located in the place known as JARDIM PRIMAVERA, in the City of Guarulhos, State of São Paulo, having a total area of 200.00 (two hundred) square meters, measuring 5.50 meters in frontage along Rua Granito and 20.00 (twenty) meters on the left side, for those facing the property from the street toward the rear, 19.00 (nineteen) meters on the right side, and 5.50 meters along the rear boundary, enclosing a total area of 200.00 (two hundred) square meters, without improvements, acquired by the Assignors through assignment and transfer of possessory rights, pursuant to an assignment dated January 11, 1993, by purchase made from José Nascimento da Silva.

02- And, being in possession, as they in fact are, of the parcel of land described above, the Assignors, through this instrument,

CONTINUED ON PAGE 02

-----// signature //-----
GILBERTO SILVA SANTANA

-----// signature //-----
ERALDO MARINHO BONIFACIO

continued..

CLAUSE THREE: The agreed and certain price for the present Assignment and Transfer is Cr\$ 4,000,000.00 (four million Cruzeiros), paid in full at this time, in National legal currency, which after being counted and found correct, the Assignors hereby grant full, general, and irrevocable release and discharge, acknowledging that the amount has been fully paid and satisfied, with nothing further to claim, and hereby transfer to the Assignee the possession, rights, and obligations that they held with respect to the parcel of land hereby negotiated.

CLAUSE FOUR: This instrument is executed in an irrevocable and irreversible manner, with no right of withdrawal by either party.

CLAUSE FIVE: The Assignees shall enter into possession of the property as of this date, and may introduce improvements and enhancements thereon as they deem appropriate to their interests;

CLAUSE SIX: This instrument shall bind in all its terms and conditions not only the Contracting Parties but also their heirs and Successors;

CLAUSE SEVEN: The courts of the jurisdiction where the property is located, namely Guarulhos, State of São Paulo, are hereby elected as the exclusive venue for the resolution of any doubts or disputes arising from this instrument;

CLAUSE EIGHT: It is agreed between the parties that, until the subdivision of the parcel hereby negotiated from the larger area is carried out, the Assignees shall pay the property taxes jointly with the other owners of the total area, paying the percentage of the total tax amount corresponding to the portion of land occupied by the parcel hereby negotiated within the total area.

continued..

-----// signature //-----
-----// signature //-----

continued...

And, being thus just and agreed,
the parties sign this instrument, executed in (2) two counterparts
of equal tenor and form, in the presence of the undersigned
witnesses;

Guarulhos, January 11, 1993.

JOSÉ NASCIMENTO DA SILVA

(NOTARY OFFICE STAMP) -----// signature //-----
EDINALDO JOSE DA SILVA

(NOTARY OFFICE STAMP) -----// signature //-----
GILBERTO SILVA SANTANA.

WITNESSES:

1. -----// signature //-----
SANDRA REGINA M.S. SOUZA.
2. -----// signature //-----
NORMA APARECIDA MORAES.

[illegible] NOTARY OFFICE - GUARULHOS
Rua Osvaldo Cruz, No. 40 - Centro - Phone: 968,0477
I certify the authenticity of the signature(s)
indicated above by comparison ---// signatures //---,
I attest.
Fee received per signature: Cr\$ 1,249 . 46 (revenue
stamps affixed).
Guarulhos, January 11, 1993.
In witness -----// signature //----- whereof, I sign.
[illegible]

SOLUÇÃO SERVICOS E CONTABILIDADE
Av. Otávio Braga de Mesquita, 628 Room 03 Vila Fátima Guarulhos
PHONE: 940-0336

Continued...

transfer to the Assignees an undivided interest in the area described above, with the following measurements, boundaries, and adjoining properties, as follows: the Assignors assign and transfer to the Assignee the parcel of land in its total area, already known and duly demarcated between the parties.

03- The certain and agreed price for the present assignment and transfer of rights is R\$ 1,200.00 (one thousand two hundred reais), paid in full at this time, in national currency, which, after being counted and found correct, the Assignors hereby grant full, general, and irrevocable release, having nothing further to claim, and hereby transfer to the Assignee the possession, rights, and obligations they held over the property.

4- This instrument is executed in an irrevocable and irreversible manner, with no right of withdrawal by either party.

5- The Assignee shall enter into possession of the property as of this date, and may **make such** improvements and enhancements thereon as he deems appropriate to his interests, being, however, responsible for any acts carried out before the competent public authorities.

6- This instrument shall bind in all its terms and conditions not only the contracting parties but also their heirs and successors.

07- The courts of the jurisdiction where the property is located are hereby elected for the resolution of any doubts or disputes arising from this instrument.

08- It is agreed between the parties that, until the subdivision of the parcel hereby negotiated from the larger area is carried out before the competent authority, the Assignees shall pay the property taxes jointly with the other owners of the area, paying the percentage of the total tax corresponding to the portion of land occupied within the total area.

CONTINUED ON PAGE 03/03

-----// signature //-----
GILBERTO SILVA SANTANA

-----// signature //-----
ERALDO MARINHO BONIFACIO

Continued...

09- All expenses related to this instrument, as well as those of the deed of sale and purchase, or any other document that may be required to be executed for the transfer of the property into the name of the Assignees, shall be borne exclusively by the Assignees, including expenses related to the subdivision of the parcel from the larger area, if applicable.

And, being thus just and agreed, the parties sign this instrument, executed in 02 (two) counterparts of equal tenor and form, in the presence of the undersigned witnesses;

Guarulhos, July 4, 1994.

(NOTARY OFFICE STAMP)

-----// signature //-----
GILBERTO SILVA SANTANA

-----// signature //-----
FRANCISCA MENDES DE LIMA SANTANA

-----// signature //-----
ERALDO MARINHO BONIFÁCIO

WITNESSES:

1. -----// signature //-----
NORMA APARECIDA MORAES

2. -----// signature //-----
SANDRA REGINA M. S. SOUZA

MARTINELLI NOTARY OFFICE
3rd NOTARY PUBLIC OFFICE OF GUARULHOS/SP
Rua Osvaldo Cruz, No. 40 - Centro - Phone: 968-0477
I certify the authenticity of the signature(s)
indicated above by comparison: ---// signature //---
I attest.
Fee received per signature: R\$ 047 (revenue stamps
paid). In witness -----// signature //----- whereof, I
sign.

Guarulhos, October 28, 1994.
() FABIO ALEX [illegible] PLACENTE - Clerk
() ODÉCIO RONDON E SILVA - Senior Officer
() MÁRIO JOÃO MARTINELLI - Notary Public

I, Raphael Michels Fantinato de Moura, telephone number [415 425-2508](tel:4154252508), mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura.

Date: March 11, 2026.

12

CONTRATO PARTICULAR DE CESSAO
E TRANSFERENCIA DE DIREITOS
POSSESSÓRIOS

VALOR: R\$ 1.200,00 À VISTA

Pelo presente instrumento particular de Cessão e Transferência de Direitos Possessórios, de um lado na qualidade de CEDENTES: O SR. GILBERTO SILVA SANTANA, Brasileiro, Operador de Máquinas, Maior, Casado com a Sra. FRANCISCA MENDES DE LIMA SANTANA, portador do RG nº 3.638.731-SSp-BA e CIC nº 346.279.795-68, residente e domiciliado a Rua Hum nº 06 Parque Mikail, em Guarulhos, Estado de São Paulo

E de outro lado na qualidade de CESSIONÁRIOS: O SR. ERALDO MARINHO BONIFACIO, Brasileiro, Solteiro, Maior, Operador de Máquinas, portador da cédula de Identidade RG nº 3.638.732- e do CIC - 346.279.605-49, Rua Granito nº 54 Jardim Primavera, em Guarulhos, Estado de São Paulo

Tem entre si justos e contratados através do presente instrumento o que mutuamente aceitam e outorgam à saber:

01- Os primeiros nomeados acima qualificados Cedentes, são senhores e legítimos possuidores dos direitos possessórios de uma área de terras, situada no local conhecido como JARDIM PRIMAVERA em Guarulhos, Estado de São Paulo, medindo em sua totalidade o equivalente à 200,00 (Duzentos) metros quadrados, medindo 5,50 Mts de frente para a Rua Granito por 20,00 Mts (Vinte) metros do lado esquerdo de quem da rua olha para o terreno da frente aos fundos, e do lado direito mede 19,00 (Dezanove) metros, e na linha de fundos mede 5,50 Mts, encerrando a área total de 200,00 Mts² (Duzentos) Metros Quadrados, sem benfeitorias, adquirido pelos Cedentes através de Cessão e Transferência por cessão datada de 11 de Janeiro de 1.993, por compra feita a José Nascimento da Silva.

02- E que possuindo assim como de fato possuem a área de terras acima descrita, os Cedentes através do presente instrumento,

SEGUE FLS.02


13


= INSTRUMENTO PARTICULAR DE CESSÃO E TRANSFERÊNCIA DE
DIREITOS POSSESSÓRIOS =

Pelo presente Instrumento Particular de Cessão e Transferência de Direitos Possessórios, de um lado na qualidade de CEDENTES: JOSÉ NASCIMENTO DA SILVA, brasileiro, casado, portador de RG. n. 12.841.631-2, e CPF/MF N. 701.756.168-68, residente R. Hum n. 05 fundos - Parque Mikail, neste município, representado neste ato por seu filho EDINALDO JOSE DA SILVA, portador de RG. n. 23.623.485-7, CPMF/MF n. 095.360.718-60., Brasileiro, Solteiro, Maior, Construtor Autônomo;

E de outro lado na qualidade de Cessionários: GILBERTO SILVA SANTANA, brasileiro, operadr de máquinas, maior, casado com FRANCISCA MENDES DE LIMA SANTANA, residente à R. Hum n. 06 Parque Mikail, neste município. Portador de RG. n. 3.638.731 exp. pela Sec.Seg. Publica- Bahia, e CPF/MF n. 346.279.795-68.

Têm entre sí justos e contratados através do presente instrumento, o que mutuamente aceitam e outorgam à saber:

 CLÁUSULA PRIMEIRA: Os primeiros nomeados acima qualificados Cedentes, são Senhores e Legítimos possuidores dos Direitos Possessórios de uma área de terras localizada em Guarulhos, Estado de São Paulo, no Bairro de JARDIM PRIMAVERA, à Rua Granito n. 1-B, tendo as seguintes medidas: Lado esquerdo mede 20,00 metros, Lado direito mede 19,00 metros, Com 5,50 metros na frente e aos fundos, perfazendo uma área de mais ou menos 200,00 (duzentos) metros quadrados, sem benfeitorias;

 CLÁUSULA SEGUNDA: E que possuindo os Direitos Possessórios sobre a área de terras acima descrita, os Cedentes através do presente instrumento se comprometem à Ceder e à Transferir os Direitos, a Posse e as Obrigações sobre uma Parte Ideal das terras acima descrita aos Cessionários, que assim se descreve e mede: Cede e transfere todos os direitos, a Posse e as Obrigações da área integral descrita na cláusula primeira, do presente contrato, ao cessionário.

 Continua...

continuação...

14
C

CLAUSULA TERCEIRA: Que o preço certo e ajustado para a presente Cessão e Transferência é de Cr\$ 4.000.000,00 (quatro milhões de Cruzeiros), sendo neste ato pagos a vista, neste ato em moeda corrente Nacional, que após contada e achada exata, os cedentes, dão plena, geral e irrevogável quitação de pagos e satisfeitos, nada mais tendo a reclamar, transferindo neste ato ao cessionário a Posse, os direitos e as obrigações que mantinham sobre o lote de terreno ora negociado.

CLAUSULA QUARTA: O presente instrumento é feito em caráter irrevogável e irretratável, sem direito à desistência de parte à parte.

CLAUSULA QUINTA: Os Cessionários entram desde já na posse do imóvel, podendo nele introduzir benfeitorias e melhoramentos conforme consultar os seus interesses;

CLAUSULA SEXTA: O presente instrumento obriga-se em todos os seus termos e condições, não só aos Contratantes como também seus herdeiros e Sucessores;

CLAUSULA SÉTIMA: Fica eleito o Fórum de situação do imóvel, ou seja em Guarulhos, Estado de São Paulo, para nele serem dirimidas as dúvidas ou questões provenientes do presente instrumento;

CLAUSULA OITAVA: Fica convencionado entre as partes que, até que seja efetuado o desmembramento do terreno ora negociado da área maior, Os Cessionários pagarão os impostos Territoriais, em conjunto com os demais proprietários da área total, pagando a porcentagem sobre o valor total do imposto equivalente à área que ocupa o terreno ora negociado dentro da área total;

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E assim por estarem justos e contratados, assinam o presente instrumento, feito em (2) duas vias de igual teor e forma, assinado na presença das testemunhas abaixo:

Guarulhos, 11 de Janeiro de 1.993.



3.º CARTÓ
GUARULHOS

JOSE NASCIMENTO DA SILVA

Edinaldo Jose da Silva
EDINALDO JOSE DA SILVA

CARTÓRIO
GUARULHOS

Gilberto Silva Santana

GILBERTO SILVA SANTANA.

TESTEMUNHAS:

Sandra

1. SANDRA REGINA M.S.SOUZA.

Norma Aparecida Moraes

2. NORMA APARECIDA MORAES.

CARTÓRIO DE NOTAS - GUARULHOS - S
Rua Osvaldo Cruz, n.º 40 - Centro - Fone 968.0477

Reconheço a (s) firma (s) indicada (s) por semelhança
Edinaldo Jose da Silva
Gilberto Silva Santana

, dou fé.
/a/or recebido, por firma: Cr\$ 1.249,40 (selos por verba).
Guarulhos,
em Testemunho **11 JAN 1993** da Verdade.

FRANCISCA CARLOS PALUDRITO - Escrivão

SOLUÇÃO SERVIÇOS E CONTABILIDADE

Av. Otávio Braga de Mesquita, 628 Sala 03 Vila Fátima Guarulhos
FONE: 940-0336

Continuação...

cedem e transferem aos Cessionários, uma parte ideal da área acima descrita, com as seguintes medidas, divisas e confrontações à saber: Cede e transfere ao Cessionário o terreno em sua área total, já conhecida e devidamente demarcada entre as partes.

03- Que o valor certo e ajustado para a presente cessão e transferência de direitos é de R\$ 1.200,00 (Hum Mil e Duzentos Reais) pagos à vista, neste ato em moeda correntenacional, que após contada e achada exata, os Cedentes dão plena, geral e irrevogável quitação, nada mais tendo a reclamar, transferindo neste ato a posse, os direitos e as obrigações que mantinha sobre o imóvel ao Cessionário.

04- O presente instrumento é feito em caráter irrevogável e irretratável, sem direito à desistência de parte à parte.

05- O Cessionário entra desde já na posse do imóvel, podendo nele introduzir benfeitorias e melhoramentos conforme consultar os seus interesses, ficando porém responsável pelos atos que praticar perante os poderes públicos competentes.

06- O presente instrumento obriga-se em todos os seus termos e condições não só aos contratantes como também seus herdeiros ou sucessores.

07- Fica eleito o Fórum de situação do imóvel para nele serem dirimidas as dúvidas ou questões provenientes do presente instrumento.

08- Fica convencionado entre as partes que, até que seja efetuado o desmembramento da parte de terreno ora negociado da área maior junto ao órgão competente, os Cessionários pagarão os impostos territoriais em conjunto com os demais proprietários da área, pagando os mesmos a porcentagem sobre o valor total do imposto relativa a área que ocupa a parte de terreno dentro da área

SEGUE FLS 03/03

GILBERTO S. SILVA SANTANA

ERALDO MARINHO BONIFACIO

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Continuação...

09- Todas as despesas deste instrumento, e da escritura de venda e compra, ou quaisquer outras que houver de ser lavrada para a transferência do imóvel para o nome dos Cessionários, correrão por conta exclusiva dos mesmos, inclusive as despesas com o desmembramento do terreno da área maior se houver.

E assim por estarem justos e contratados assinam o presente instrumento feito em 02 (duas) vias de igual teor e forma, assinado na presença das testemunhas abaixo.



Guarulhos, 04 de JULHO de 1.994

Gilberto Silva Santana
GILBERTO SILVA SANTANA

Francisca Mendes de Lima Santana
FRANCISCA MENDES DE LIMA SANTANA

Eraldo Marinho Bonifácio
ERALDO MARINHO BONIFÁCIO

TESTEMUNHAS:

1. [Signature]
NORMA APARECIDA MORAES

2. [Signature]
SANDRA REGINA M. S. SOUZA

TABELIONATO MARTINELLI
3.º CARTÓRIO DE NOTAS DE GUARULHOS/SP.
Rua Osvaldo Cruz, n.º 40 - Centro - Fone: 968.0477

Reconheço a(s) firma(s) indicada(s) por semelhança de:
Gilberto Silva Santana

Valor recebido por firma: R\$ 0,47 (selos pago)
per vista e em presença da Vereade
Guarulhos, 06 JUL 1994

() FABIO ALEX-NIKETI PIACENTE - Escrevente
() ODÉCIO KONDON E SILVA - Of. Maior
() MARIO JOÃO MARTINELLI - Tabelião