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) Dylan	Middle Name (if any) Tyler	Family Name (Last Name) HURST
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. ☐ ☐ ☐	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:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: I-130
P.O. Box 4053
Carol Stream, IL 60197-4053

RE: Form I-130, Petition for Alien Relative
Petitioner: Dylan Tyler Hurst
Beneficiary: Lara Cardoso da Silva (Spouse).

Dear Sir or Madam,

This submission is filed in support of the **Form I-130, Petition for Alien Relative**, filed by **Dylan Tyler Hurst** on behalf of his spouse, **Lara Cardoso da Silva.**

- **Form G-1450, Authorization for Credit Card Transactions**

- **Dylan Tyler Hurst's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative;

- **Lara Cardoso da Hurst's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130A, Supplemental Information for a Spouse Beneficiary;

I. Dylan Tyler Hurst's Identification Documents:
- Dylan Tyler Hurst's Birth Certificate;
- Dylan Tyler Hurst's Valid Passport;

II. Lara Cardoso da Hurst's Identification Documents:
- Lara Cardoso Hurst's Valid Passport;
- Lara Cardoso Hurst's Old Passport;
- Lara Cardoso Hurst's Birth Certificate with English Translation;
- Lara Cardoso Hurst's Travel History with Old Passport Number;

III. Dylan Tyler Hurst and Lara Cardoso da Hurst's Marriage Certificate;

IV. Evidence of Bona Fide Marriage
- Dylan Tyler Hurst's Personal Declaration;
- Lara Cardoso Hurst's Personal Declaration;
- Dylan Tyler Hurst and Lara Cardoso Hurst's Text Messages;
- Dylan Tyler Hurst and Lara Cardoso Hurst's Money Transaction History;
- Dylan Tyler Hurst and Lara Cardoso Hurst's Phone Calls from 2026;
- Dylan Tyler Hurst and Lara Cardoso Hurst's Phone Calls from 2024;

- Dylan Tyler Hurst and Lara Cardoso Hurst's Shared Gym Membership;

V. Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

VI. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support by Brenda Hurst;
- Letter of Support by Dylan Candeias;
- Letter of Support by Stephanie York;

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



_____ Date: 08/25/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

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 (*USPS ZIP Code Lookup*): 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, disbarring, 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.

I-130

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

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) HURST

6.b. Given Name (First Name) Dylan

6.c. Middle Name Tyler

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

7743600651

11. Mobile Telephone Number (if any)

7743600651

12. Email Address (if any)

My04mazdarx8@gmail.com

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 PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

13.d. State CA **13.e.** ZIP Code 92169

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

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) 08/14/2026

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) 08/14/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.a Family Name (Last Name): HURST

1.b. Given Name (First Name): Dylan

1.c. Middle Name: Tyler

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d. N/A

Petition for Alien Relative

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

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated	**Section of Law/Visa Category**	
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4	
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1	
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1	

Approved	Petition was filed on (Priority Date mm/dd/yyyy):	☐ Field Investigation	☐ Personal Interview	☐ 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	☐ Previously Forwarded	☐ Pet. A-File Reviewed	☐ I-485 Filed Simultaneously
		☐ 203(g) Resolved	☐ Ben. A-File Reviewed	☐ 204(g) Resolved
Remarks				

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____

To be completed by an attorney or accredited representative (if any).

☐ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.**

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):

☐ Child was born to parents who were married to each other at the time of the child's birth

☐ Stepchild/Stepparent

☐ Child was born to parents who were not married to each other at the time of the child's birth

☐ Child was adopted (not an Orphan or Hague Convention adoptee)

3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No

4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► A- N/A

2. USCIS Online Account Number (if any)
► N/A

3. U.S. Social Security Number (if any)
► 580318472

Your Full Name

4.a. Family Name (Last Name): HURST

4.b. Given Name (First Name): Dylan

4.c. Middle Name: Tyler

Part 2. Information About You (Petitioner) (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): N/A

5.b. Given Name (First Name): N/A

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: St. Thomas

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 12/10/1997

9. Sex ☒ Male ☐ Female

Mailing Address

(USPS ZIP Code Lookup)

10.a. In Care Of Name: Otavio Haverroth Silva

10.b. Street Number and Name: PO Box 90487

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

10.e. State: CA **10.f.** ZIP Code: 92169

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name: 386 Kilburn Street

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 123

12.c. City or Town: Fall River

12.d. State: MA **12.e.** ZIP Code: 02724

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 08/01/2026

13.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

14.a. Street Number and Name: 26 Blackstone St

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: Cumberland

14.d. State: RI **14.e.** ZIP Code: 02864

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 12/01/2023

15.b. Date To (mm/dd/yyyy): 08/01/2026

Your Marital Information

16. How many times have you been married? ▶ 1

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

Part 2. Information About You (Petitioner) (continued)

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 08/08/2025

Place of Your Current Marriage (if married)

19.a. City or Town Attleboro

19.b. State MA

19.c. Province N/A

19.d. Country USA

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name) CARDOSO HURST

20.b. Given Name (First Name) Lara

20.c. Middle Name N/A

21. Date Marriage Ended (mm/dd/yyyy) N/A

Spouse 2

22.a. Family Name (Last Name) N/A

22.b. Given Name (First Name) N/A

22.c. Middle Name N/A

23. Date Marriage Ended (mm/dd/yyyy) N/A

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name) HURST

24.b. Given Name (First Name) William

24.c. Middle Name N/A

25. Date of Birth (mm/dd/yyyy) 10/06/1950

26. Sex ☒ Male ☐ Female

27. Country of Birth USA

28. City/Town/Village of Residence Saint Thomas

29. Country of Residence Deceased

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) HURST

30.b. Given Name (First Name) Brenda

30.c. Middle Name Lee

31. Date of Birth (mm/dd/yyyy) 07/04/1960

32. Sex ☐ Male ☒ Female

33. Country of Birth USA

34. City/Town/Village of Residence Tauton

35. Country of Residence USA

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):
☒ Birth in the United States
☐ Naturalization
☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number N/A

39.b. Place of Issuance N/A

39.c. Date of Issuance (mm/dd/yyyy) N/A

Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy) N/A

Place of Admission

40.c. City or Town

N/A

40.d State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

J&S's Auto Newport

43.a. Street Number and Name 166 JT Connell Hwy

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

43.c. City or Town Newport

43.d. State RI **43.e.** ZIP Code 02840

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Auto Technician

45.a. Date From (mm/dd/yyyy) 05/04/2026

45.b. Date To (mm/dd/yyyy) PRESENT

Employer 2

46. Name of Employer/Company

Firestone - Darthmouth/MA

47.a. Street Number and Name 49 Faunce Corner Rd

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town North Dartmouth

47.d. State MA **47.e.** ZIP Code 02747

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Auto Technician

49.a. Date From (mm/dd/yyyy) 01/16/2025

49.b. Date To (mm/dd/yyyy) 04/29/2026

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet 5 Inches 8

4. Weight Pounds 1 7 0

5. Eye Color (Select **only one** box)

☐ Black ☒ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

Part 3. Biographic Information (continued)

6. Hair Color (Select **only one** box)

- ☐ Bald (No hair)
- ☐ Black
- ☐ Blond
- ☒ Brown
- ☐ Gray
- ☐ Red
- ☐ Sandy
- ☐ White
- ☐ Unknown/Other

Part 4. Information About Beneficiary

1. Alien Registration Number (A-Number) (if any)

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

3. U.S. Social Security Number (if any)

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): CARDOSO HURST

4.b. Given Name (First Name): Lara

4.c. Middle Name: N/A

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): CARDOSO DA SILVA

5.b. Given Name (First Name): Lara

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Belo Horizonte

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 10/18/1999

9. Sex ☐ Male ☒ Female

10. Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name: Rua dos Otoni, 864

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

11.c. City or Town: Belo Horizonte

11.d. State: | **11.e.** ZIP Code: N/A

11.f. Province: Minas Gerais

11.g. Postal Code: 30150274

11.h. Country: Brazil

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

12.a Street Number and Name: N/A

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

12.d. State: | **12.e.** ZIP Code: N/A

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

13.a. Street Number and Name: SAME

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): N/A

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

+55 31 994132815

16. Email Address (if any)

laracardosods16@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ▶ 1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 08/08/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Attleboro

20.b. State: MA

20.c. Province: N/A

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name (Last Name): HURST

21.b. Given Name (First Name): Dylan

21.c. Middle Name: Tyler

22. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

23.a. Family Name (Last Name): N/A

23.b. Given Name (First Name): N/A

23.c. Middle Name: N/A

24. Date Marriage Ended (mm/dd/yyyy): N/A

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): HURST

25.b. Given Name (First Name): Dylan

25.c. Middle Name: Tyler

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 12/10/1997

28. Country of Birth: USA

Person 2

29.a. Family Name (Last Name): N/A

29.b. Given Name (First Name): N/A

29.c. Middle Name: N/A

30. Relationship: N/A

31. Date of Birth (mm/dd/yyyy): N/A

32. Country of Birth: N/A

Person 3

33.a. Family Name (Last Name): N/A

33.b. Given Name (First Name): N/A

33.c. Middle Name: N/A

34. Relationship: N/A

35. Date of Birth (mm/dd/yyyy): N/A

36. Country of Birth: N/A

Part 4. Information About Beneficiary (continued)

Person 4

37.a. Family Name (Last Name): N/A

37.b. Given Name (First Name): N/A

37.c. Middle Name: N/A

38. Relationship: N/A

39. Date of Birth (mm/dd/yyyy): N/A

40. Country of Birth: N/A

Person 5

41.a. Family Name (Last Name): N/A

41.b. Given Name (First Name): N/A

41.c. Middle Name: N/A

42. Relationship: N/A

43. Date of Birth (mm/dd/yyyy): N/A

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States? ☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission): N/A

46.b. Form I-94 Arrival-Departure Record Number: ▶ N / A

46.c. Date of Arrival (mm/dd/yyyy): N/A

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: N/A

47. Passport Number: GB718834

48. Travel Document Number: N/A

49. Country of Issuance for Passport or Travel Document: Brazil

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 06/07/2030

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable): Unemployed

51.b. Street Number and Name: N/A

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

51.e. State: **51.f.** ZIP Code: N/A

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: N/A

52. Date Employment Began (mm/dd/yyyy): 10/18/1999

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings? ☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: N/A

55.b. State:

56. Date (mm/dd/yyyy): N/A

Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name): N/A

57.b. Given Name (First Name): N/A

57.c. Middle Name: N/A

58.a. Street Number and Name: N/A

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name: Never lived together

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: N/A

59.d. State: **59.e.** ZIP Code: N/A

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: N/A

60.a. Date From (mm/dd/yyyy): N/A

60.b. Date To (mm/dd/yyyy): N/A

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town: N/A

61.b. State:

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town: Rio de Janeiro

62.b. Province: Rio de Janeiro

62.c. Country: Brazil

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State:

4. Date Filed (mm/dd/yyyy): N/A

5. Result (for example, approved, denied, withdrawn): N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name): N/A

6.b. Given Name (First Name): N/A

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name): N/A

8.b. Given Name (First Name): N/A

8.c. Middle Name: N/A

9. Relationship: N/A

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined $250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to $10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understood all of this information as interpreted.

2. ☒ At my request, the preparer named in **Part 8.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 7743600651

4. Petitioner's Mobile Telephone Number (if any): 7743600651

5. Petitioner's Email Address (if any): My04mazdarx8@gmail.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) ➡ [signature]

6.b. Date of Signature (mm/dd/yyyy): 08/14/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

3.a. Street Number and Name: N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: N/A **3.e.** ZIP Code: N/A

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, which is the same language provided in **Part 6.**, **Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) N/A

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name (if any)

HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province

3.g. Postal Code

3.h. Country

USA

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 08/14/2026

Part 9. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.a. Family Name (Last Name): HURST

1.b. Given Name (First Name): Dylan

1.c. Middle Name: Tyler

2. A-Number (if any) ► A-: N / A

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 12.a

3.d.
2385, Chestnut St, North Dighton, MA, USA - 02764. from 05/01/2011 to 12/01/2023.

4.a. Page Number: 4 **4.b.** Part Number: 2 **4.c.** Item Number: 42

4.d.
Stop and Shop Fleet - 136 S Main St. Assonet, MA, USA - 02702 - Truck Technician - from 09/01/2024 - 11/01/2024.

Firestone - Raynham/MA - 120 US-44, Raynham, MA, USA - 02767 - Auto Technician - from 01/01/2017 to 08/01/2024.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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 (*USPS ZIP Code Lookup*): 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, disbarring, 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.

I-130A

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

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): CARDOSO HURST

6.b. Given Name (First Name): Lara

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

+55 31 994132815

11. Mobile Telephone Number (if any)

+55 31 994132815

12. Email Address (if any)

laracardosods16@gmail.com

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: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

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

➡ Lara Gardon

2.b. Date of Signature (mm/dd/yyyy) 08/14/2026

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) 08/14/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.a Family Name (Last Name): CARDOSO HURST

1.b. Given Name (First Name): Lara

1.c. Middle Name: N/A

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d. N/A

Supplemental Information for Spouse Beneficiary

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

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).			
☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

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

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)
► **A-** N / A

2. USCIS Online Account Number (if any)
► N / A

Your Full Name

3.a. Family Name (Last Name): CARDOSO HURST

3.b. Given Name (First Name): Lara

3.c. Middle Name: N/A

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name: Rua dos Otoni, 864

4.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

4.c. City or Town: Belo Horizonte

4.d. State: **4.e.** ZIP Code: N/A

4.f. Province: Minas Gerais

4.g. Postal Code: 30150274

4.h. Country: Brazil

5.a. Date From (mm/dd/yyyy): 03/25/2025

5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: Rua Padre Rolim, 395

6.b. ☐ Apt. ☐ Ste. ☐ Flr.:

6.c. City or Town: Belo Horizonte

6.d. State: **6.e.** ZIP Code: N/A

6.f. Province: Minas Gerais

6.g. Postal Code: 30130090

6.h. Country: Brazil

7.a. Date From (mm/dd/yyyy): 10/01/2024

7.b. Date To (mm/dd/yyyy): 03/25/2025

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name: Rua dos Otoni, 864

8.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

8.c. City or Town: Belo Horizonte

8.d. Province: Minas Gerais

8.e. Postal Code: 30150274

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 03/25/2025

9.b. Date To (mm/dd/yyyy) PRESENT

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) ORCEIR DA SILVA

10.b. Given Name (First Name) Jose

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 02/14/1961

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Itabirinha

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Itabirinha

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) CELESTINO DA SILVA

17.b. Given Name (First Name) Edinivia

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 03/17/1966

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Salinas

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Salinas

23. Country of Residence
Brazil

Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Employment History

Employer 1

1. Name of Employer/Company
Unemployed

2.a. Street Number and Name N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town N/A

2.d. State **2.e.** ZIP Code N/A

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
N/A

3. Your Occupation
N/A

4.a. Date From (mm/dd/yyyy) 10/16/1999

4.b. Date To (mm/dd/yyyy) PRESENT

Employer 2

5. Name of Employer/Company
N/A

6.a. Street Number and Name N/A

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town N/A

6.d. State **6.e.** ZIP Code N/A

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
N/A

Part 2. Information About Your Employment (continued)

7. Your Occupation: N/A

8.a. Date From (mm/dd/yyyy): N/A

8.b. Date To (mm/dd/yyyy): N/A

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company: N/A

2.a. Street Number and Name: N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

2.d. State: | 2.e. ZIP Code: N/A

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: N/A

4.a. Date From (mm/dd/yyyy): N/A

4.b. Date To (mm/dd/yyyy): N/A

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer name in **Part 6.**, Otavio Haverroth Silva, prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: +55 31 994132815

4. Spouse Beneficiary's Mobile Telephone Number (if any): +55 31 994132815

5. Spouse Beneficiary's Email Address (if any): laracardosods16@gmail.com

Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink) ➡ Lara Cardoso

6.b. Date of Signature (mm/dd/yyyy): 08/14/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

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

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

5. Interpreter's Mobile Telephone Number (if any)
4154252508

6. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) 08/14/2026

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province

3.g. Postal Code

3.h. Country
USA

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case ☒ extends ☐ does not extend beyond the preparation of this form.

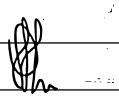
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 08/14/2026

Part 7. Additional Information

If you need extra space to provide any additional information within this form, 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 form 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.a. Family Name (Last Name): CARDOSO HURST

1.b. Given Name (First Name): Lara

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N / A

3.a. Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 4.a

3.d.
Rua Santa Rita Durao 632, Belo Horizonte, Minas Gerais, Brazil - 30110028. from 12/01/2023 to 10/01/2024.

Mem de Sá, 700, Belo Horizonte, Minas Gerais, Brazil - 30260270 - from 10/16/1999 to 11/01/2023

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.
N/A
N/A
N/A
N/A
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N/A
N/A
N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Exhibit list

Exhibits:	Pages:
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Exhibit 5 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Photographic Evidence of Relationship 76-132

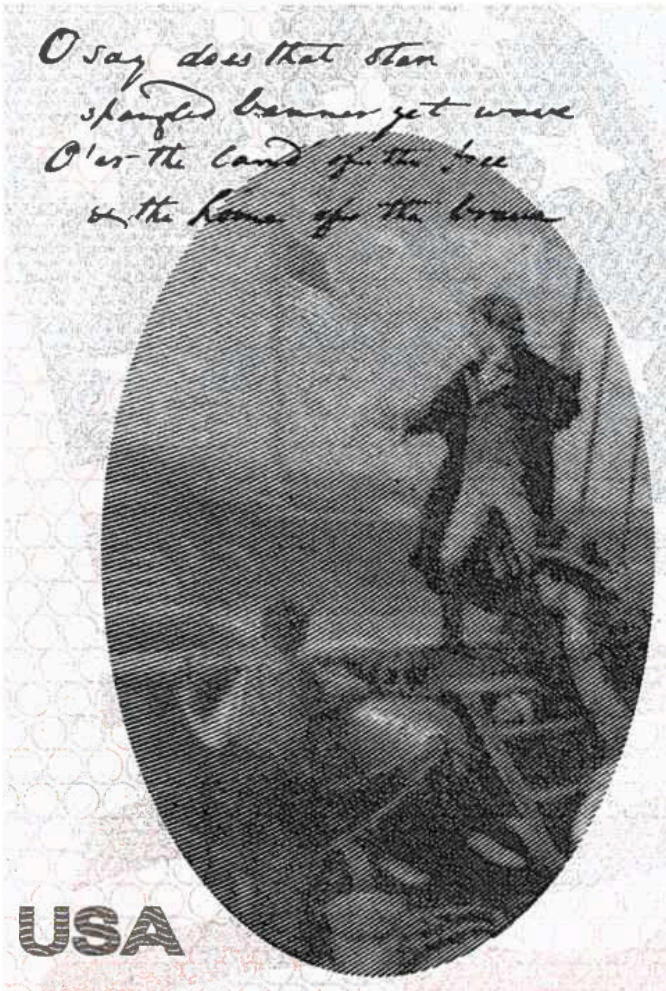
Exhibit 6 - Evidence of Bona Fide Marriage: Letters of Support

Letter of Support by Dylan Candeias 133-134

Letter of Support by Brenda Hurst 135-136

Letter of Support by Stephanie York 137-138

Exhibit 1 - Dylan Tyler Hurst’s Identification Documents



. . . AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

Abraham Lincoln

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.


We the People
Of the United States,
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
581585504
Surname / Nom / Apellidos
HURST
Given Names / Prénoms / Nombres
DYLAN TYLER
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
10 Dec 1997
Place of birth / Lieu de naissance / Lugar de nacimiento
U.S. VIRGIN ISLANDS
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
11 Jan 2019
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
10 Jan 2029
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USAHURST<<DYLAN<TYLER<<<<<<<<<<<<<<<<<<<<<<
5815855043USA9712102M2901101192879641<079076

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:
ADRESSE DU TITULAIRE AUX ETATS-UNIS:
DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:

BEARER'S FOREIGN ADDRESS:
ADRESSE DU TITULAIRE A L'ETRANGER:
DIRECCION DEL PORTADOR EN EL EXTRANJERO:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES AND CRISIS MANAGEMENT, AT 202-647-5225, AND THE EMERGENCY CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE AUX CRISES DU DEPARTMENT D'ETAT, AU 202-647-5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS.

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION DE CRISIS, DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202-647-5225, Y A LA PERSONA QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre

Address / Adresse / Dirección

Telephone / Téléphone / Teléfono

IMPORTANT INFORMATION REGARDING YOUR PASSPORT

THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE AREA DESIGNATED ON PAGE THREE.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. Use of this passport in contravention of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or the Department of State, Office of Passport Policy and Legal Advisory Services, at the telephone number listed at *www.travel.state.gov*

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.9). It must be surrendered upon demand made by an authorized representative of the United States Government.

LOSS OR THEFT The loss, theft, or destruction of a passport should be reported immediately to local police authorities and to Passport Services, CLASP Unit, Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or consulate. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

ALTERATION OR MUTILATION OF PASSPORT This passport must not be altered or mutilated in any way. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries may place stamps or make notations or additions in this passport. You may amend or update personal information for your own convenience on the adjoining PERSONAL DATA AND EMERGENCY CONTACT page.

The principle of free governments adheres to the American soil. It is bedded in it, immovable as its mountains.

Daniel Webster

IMPORTANT INFORMATION

1. TRAVEL INFORMATION Consult our Consular Information Sheets, Travel Warnings, and Public Announcements at *http://travel.state.gov*

2. HEALTH AND VACCINATIONS Contact the Centers for Disease Control and Prevention (CDC) via the International Travelers Info Line, at 1-877-347-8747, or *http://www.cdc.gov*

3. HEALTH INSURANCE Medicare/Medicaid does not cover healthcare costs outside the U.S. Does your insurance apply overseas, including medical evacuation, payment to a hospital or doctor overseas, or reimbursement to you later? See our brochure "Medical Information For Americans Traveling Abroad," or consult *http://travel.state.gov*

4. YOUR PASSPORT Make sure you have a signed, valid passport, and foreign entry visas, if required. Make two photocopies of your passport data page. Carry one copy with you in a separate place from your passport. Leave one at home with family/friends, along with a copy of your proposed travel itinerary.

5. EMERGENCY CONTACT Use a pencil to fill in the PERSONAL DATA AND EMERGENCY CONTACT information requested on page 4 of this passport.

6. AVOID VIOLATING FOREIGN LAWS Remember, while in a foreign country, you are subject to its laws. Penalties for violating local laws, even unknowingly, can be more severe than in the U.S. for similar offenses. Deal only with authorized agents when exchanging money, or purchasing souvenirs. If in trouble, contact the nearest U.S. embassy or consulate. If you are arrested, demand to see the U.S. Consul.

7. ILLEGAL DRUGS Do not carry packages abroad or to the U.S. at the request of or as a favor to a stranger. Penalties for possession or trafficking in illegal drugs, even unknowingly, are strict and convicted offenders can expect prison sentences and heavy fines.

8. SAFETY Avoid becoming a target. Do not wear conspicuous clothing or expensive jewelry, and do not carry excessive amounts of money or unnecessary credit cards. "Consular Information Sheets include a security and crime section that discusses conditions in specific countries. Consult "A Safe Trip Abroad" at *http://travel.state.gov*

9. BE MINDFUL OF SECURITY THREATS Do not leave luggage unattended in public areas, nor accept packages from strangers.

10. DISASTERS AND CATASTROPHIC EVENTS If a catastrophic event occurs, call home to let family and friends know you are okay. If you require assistance, contact the nearest U.S. embassy or consulate.

11. REGISTER WITH U.S. EMBASSY When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, or in person or register online through the Department's Registration Home Page at *https://travelregistration.state.gov/ibrs*

12. PARENTAL CHILD ABDUCTION For information on prevention of international child abduction, or help if your child has been taken, contact the Department of State's Office of Children's Issues at 1-202-736-7000, or consult our home page at *http://travel.state.gov*

13. LOSS OF U.S. CITIZENSHIP Under certain circumstances, you may lose your U.S. citizenship by performing, voluntarily and with the intention to relinquish U.S. citizenship, any of the following acts: (1) being naturalized in a foreign state; (2) taking an oath or making a declaration to a foreign state; (3) serving in the armed forces of a foreign state; (4) accepting employment with a foreign government; or (5) formally renouncing U.S. citizenship before a U.S. consular officer overseas. Consult the nearest U.S. embassy or consulate, or contact the Office of American Citizens Services and Crisis Management, Department of State, SA-29, 4th Floor, 2201 C Street NW, Washington DC 20520, or call 1-202-647-5225. Toll free hot-line 1-888-407-4747, or if calling from outside the U.S., 1-317-472-2328.

14. DUAL CITIZENS A person who has the citizenship of more than one country at the same time is considered a dual citizen. A dual citizen may be subject to the laws of the other country that considers that person its citizen while in that country's jurisdiction, including conscription for military service. Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad should contact the nearest U.S. embassy or consulate.

Let us raise a standard to which the wise and honest can repair.
George Washington
Visas
REFUGIO
Cotopaxi
Visas
25 FEB. 2019
08 FEB. 2019
27 2022 ENE.
POLICIA FEDERAL - BRASIL
14 04 23 4 9 3 2
05 04 23 4 9 3 1
CLAS.
DOC.
PRAZO
States of America

We hold these truths to be self-evident: that all men are with certain unalienable rights, that among these

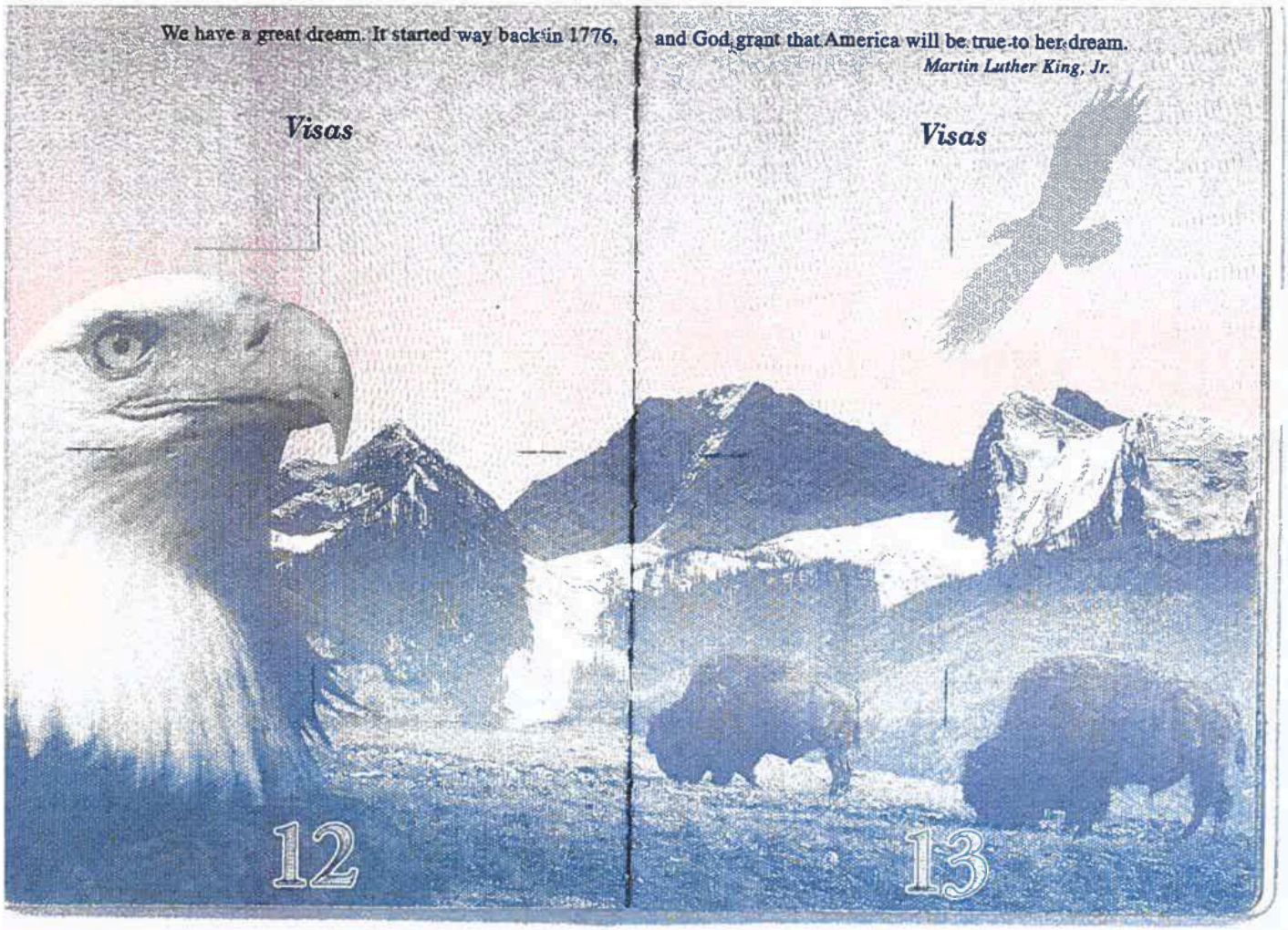
Visas

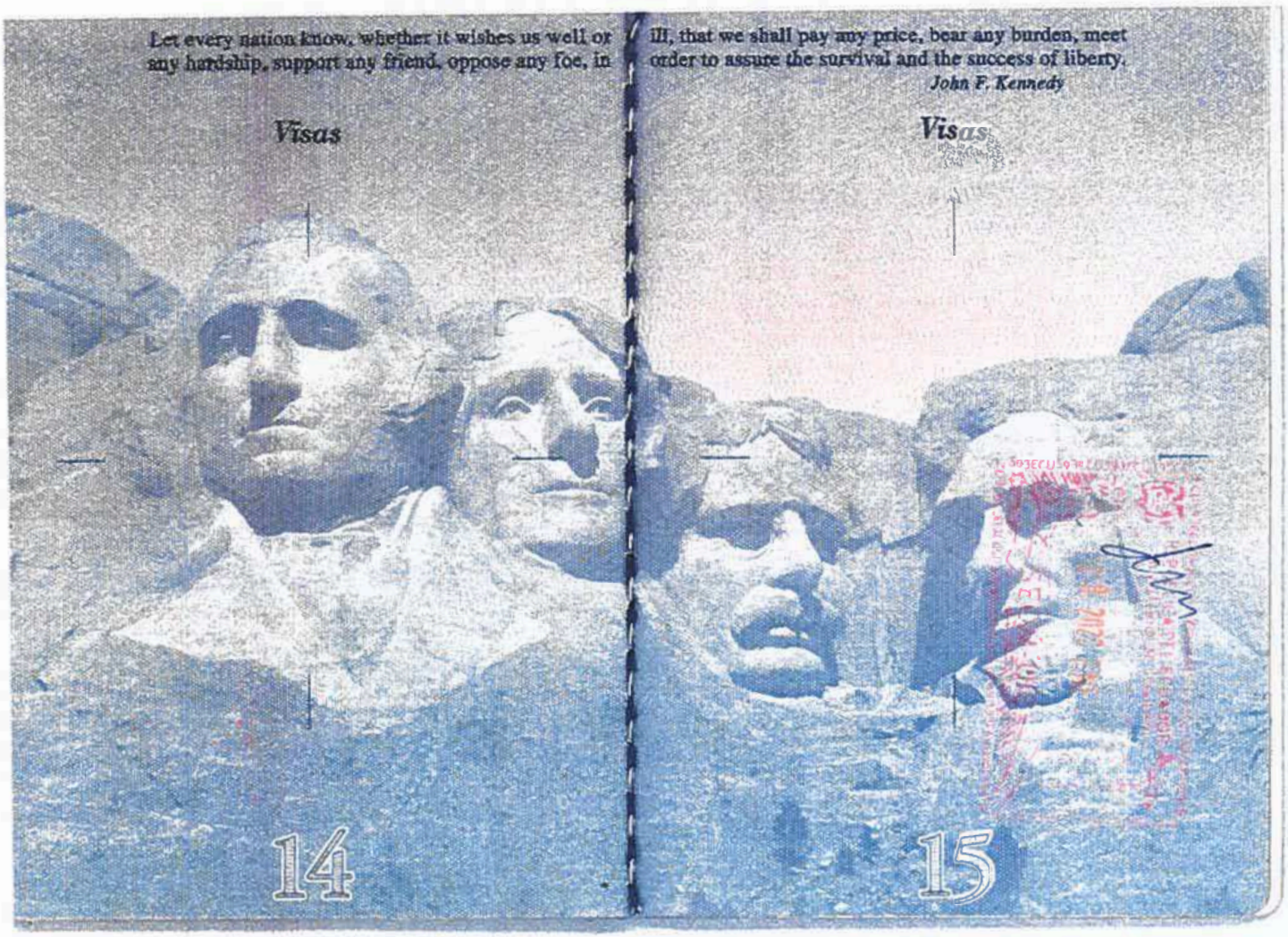
POLÍCIA FEDERAL - BRASIL
10 01 25 5 5 4 2
27 12 24 5 5 4
POLÍCIA FEDERAL - BRASIL
00 08 23 5 5 2

created equal, that they are endowed by their Creator are life, liberty, and the pursuit of happiness.

excerpt from the Declaration of Independence

Visas


We have a great dream. It started way back in 1776,
Visas
12
and God grant that America will be true to her dream.
Martin Luther King, Jr.
Visas
13

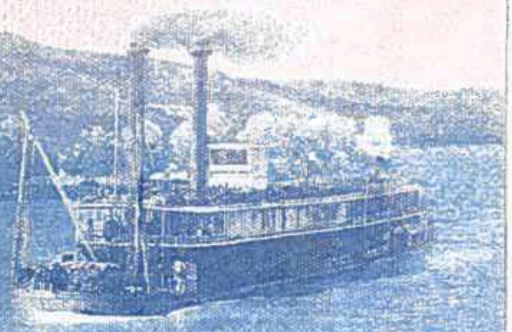

Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, in
Visas
14
ill, that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.
John F. Kennedy
Visas
15

This is a new nation, based on a mighty

Visas

continent, of boundless possibilities.
Theodore Roosevelt

Visas

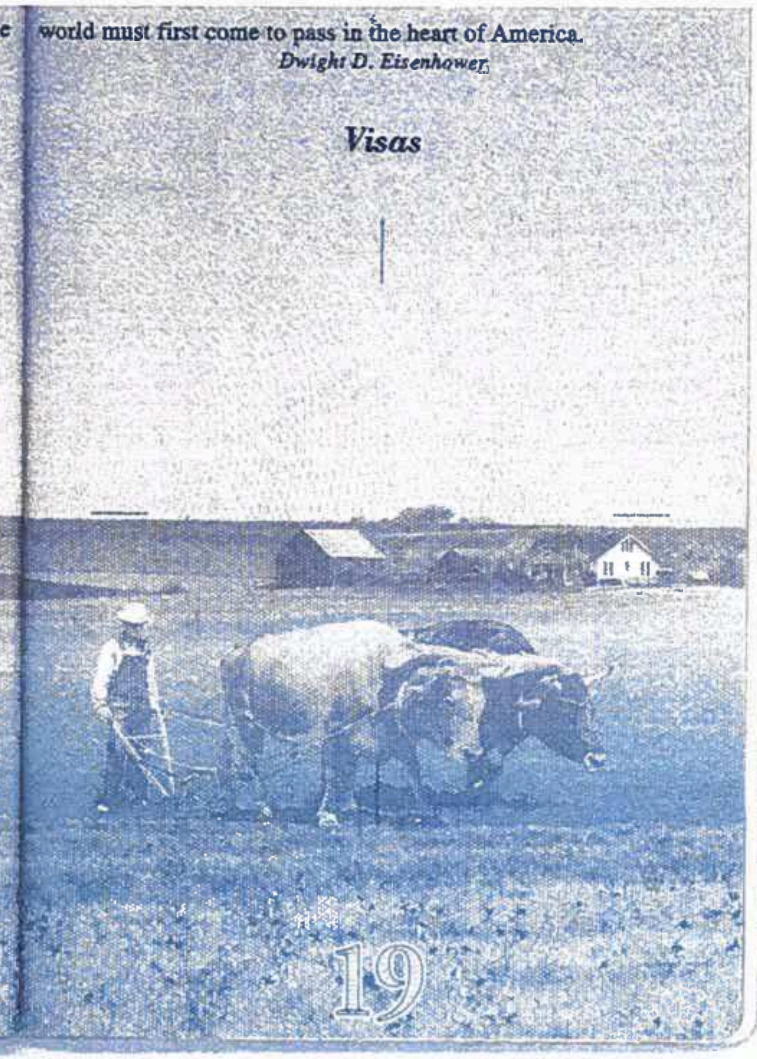


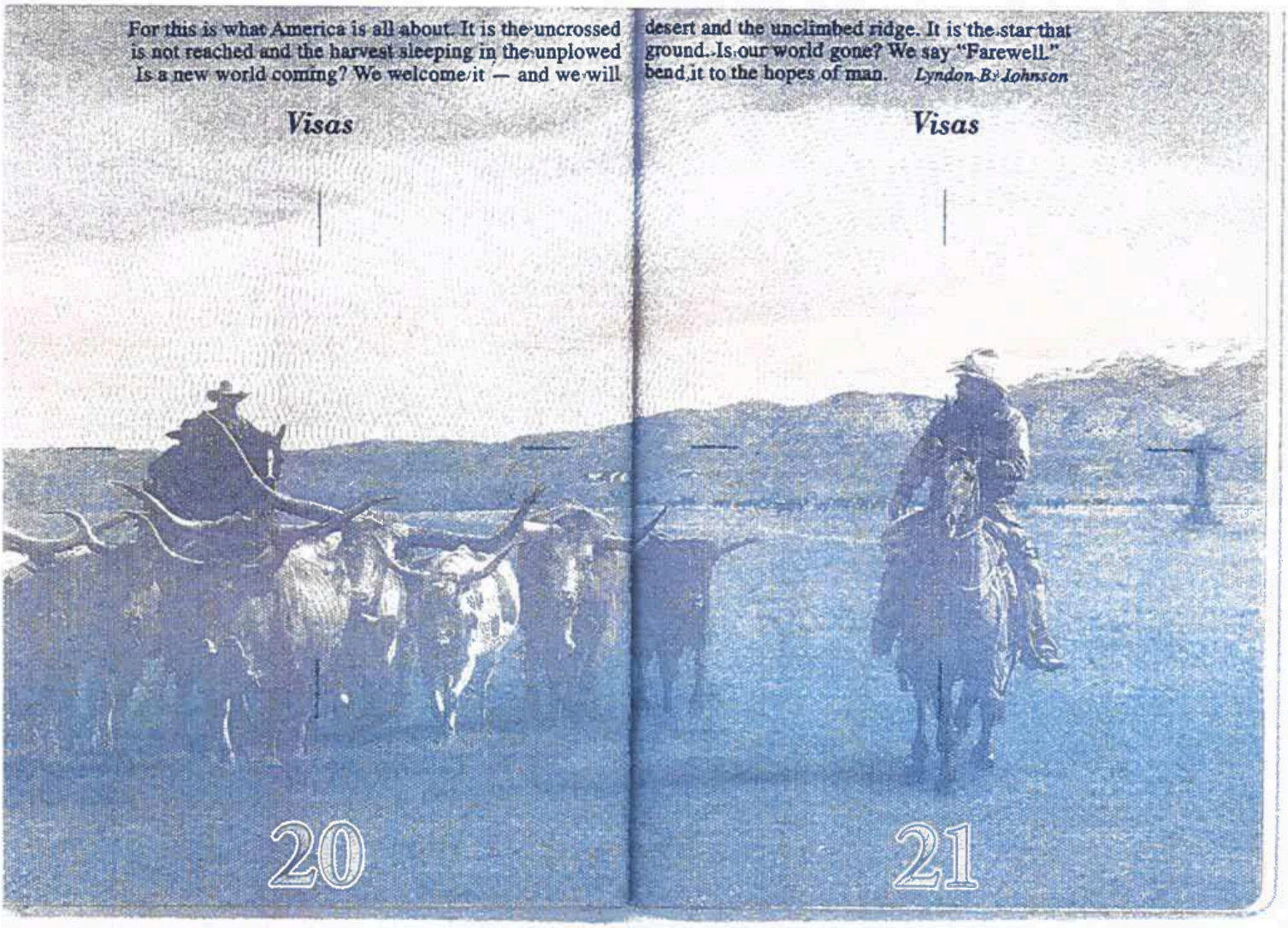
Whatever America hopes to bring to pass in the world must first come to pass in the heart of America.

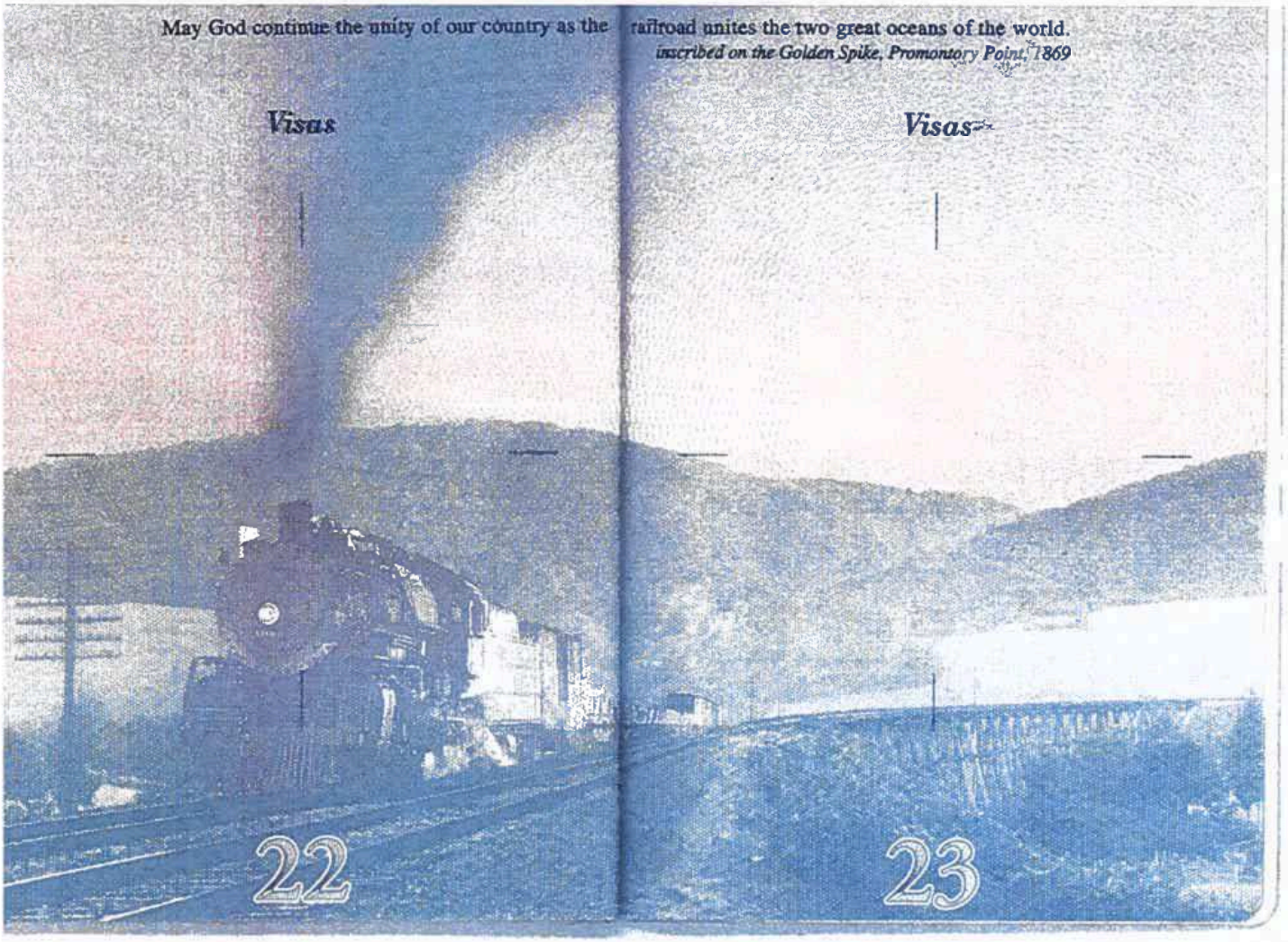
Dwight D. Eisenhower



Visas




For this is what America is all about. It is the uncrossed desert and the unclimbed ridge. It is the star that is not reached and the harvest sleeping in the unplowed ground. Is our world gone? We say "Farewell." Is a new world coming? We welcome it — and we will bend it to the hopes of man. Lyndon B. Johnson
Visas
Visas
20
21

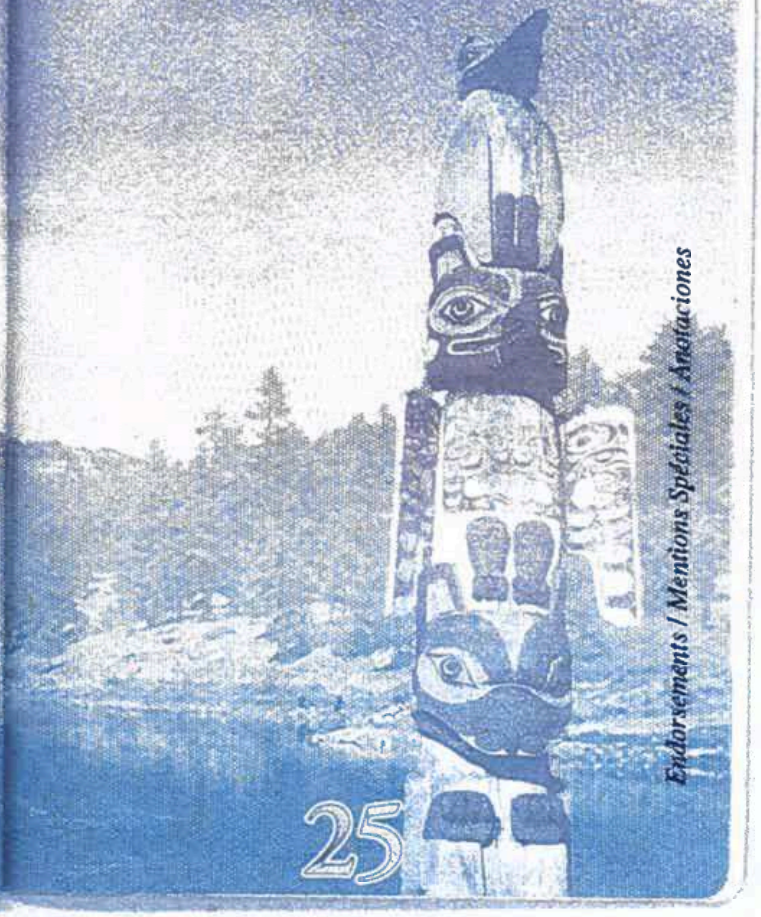

May God continue the unity of our country as the
Visas
22
railroad unites the two great oceans of the world.
inscribed on the Golden Spike, Promontory Point, 1869
Visas
23

We send thanks to all the Animal life in the world.
We are glad they are still here and

Visas

They have many things to teach us as people.
we hope it will always be so.

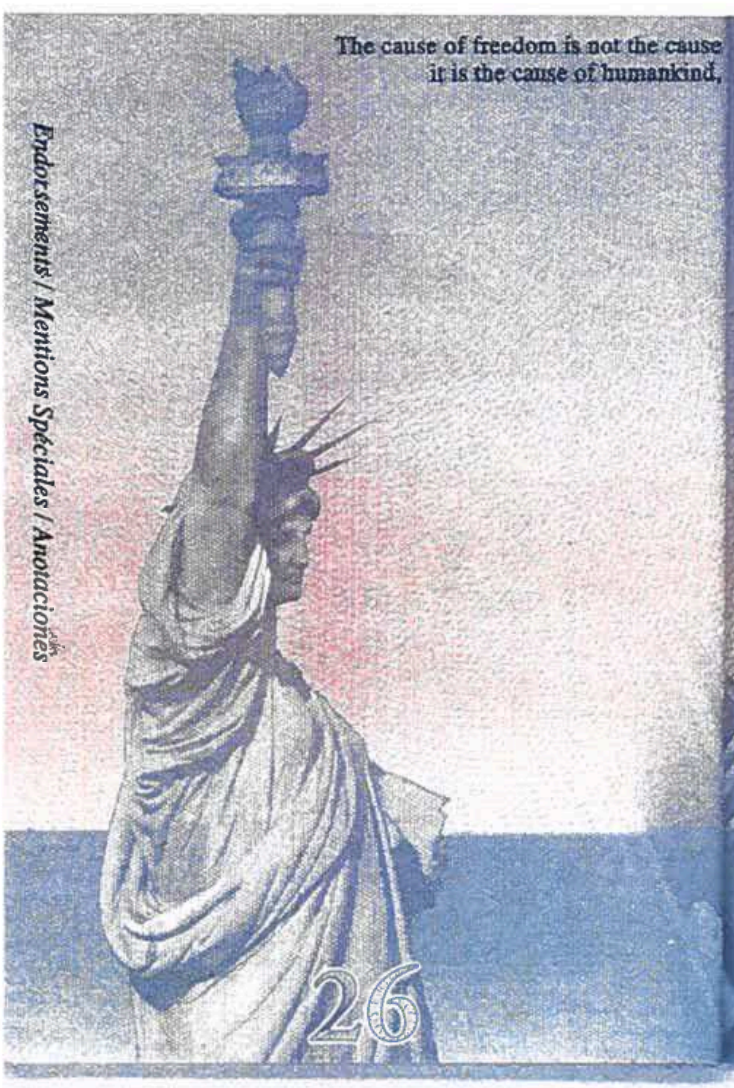
Excerpt from the Thanksgiving Address, Mohawk version

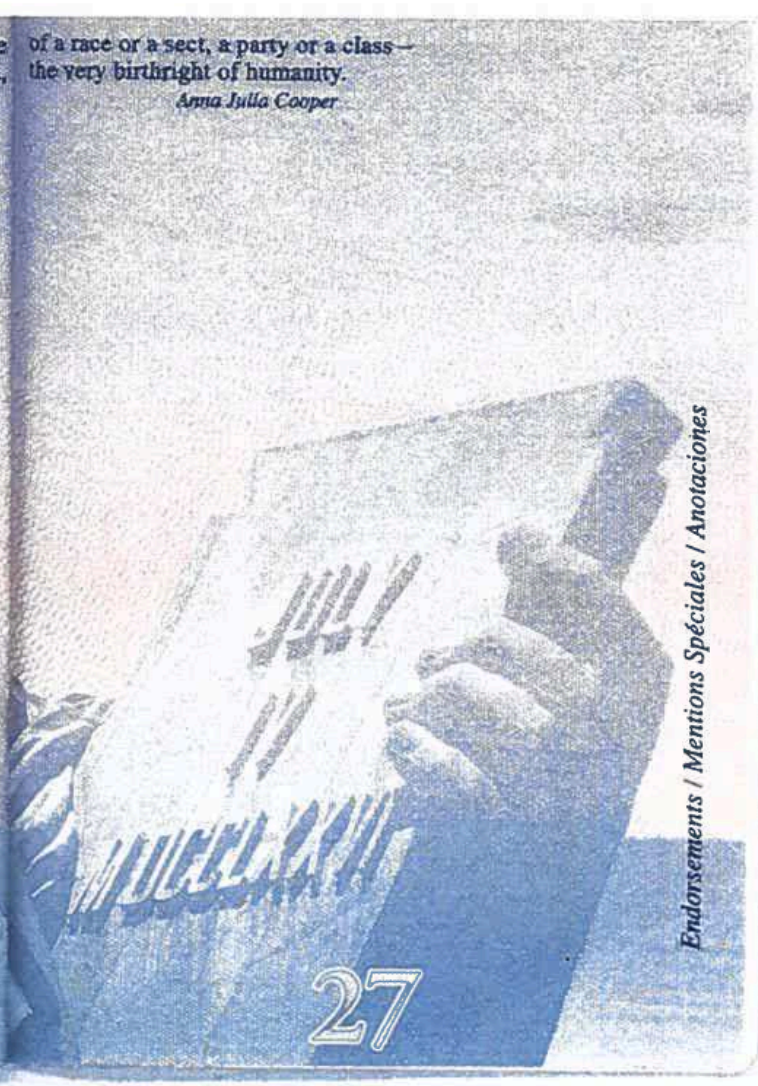


Endorsements / Mentions Spéciales / Anotaciones

The cause of freedom is not the cause
it is the cause of humankind,
of a race or a sect, a party or a class —
the very birthright of humanity.

Anna Julia Cooper





Every generation has the obligation to free men's minds for a look at new worlds . . . to look out from a higher plateau than the last generation.

Ellison S. Onizuka

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

A. RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES For information, write the Department of the Treasury, Office of Foreign Assets Control, Treasury Annex, 1500 Pennsylvania Avenue N.W., Washington, D.C. 20220 or consult *http://www.treas.gov/ofac*

B. CUSTOMS & BORDER PROTECTION Contact Customs & Border Protection (CBP), for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements," at *http://www.cbp.gov/xp/cgov/travel/*

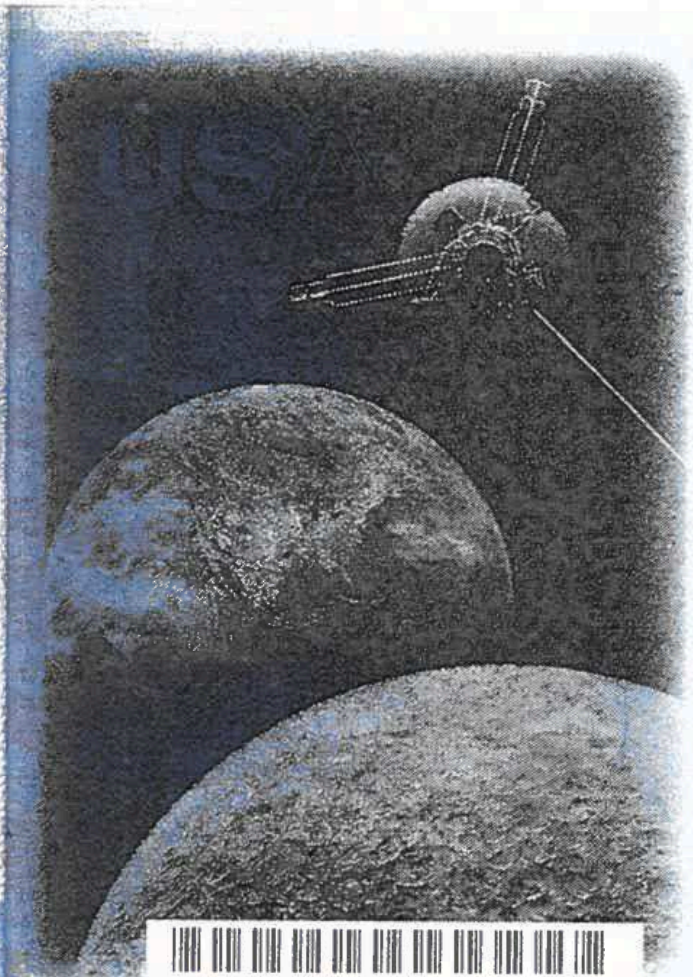
C. AGRICULTURE For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States," contact the U.S. Department of Agriculture, *http://www.aphis.usda.gov/travel* See also U.S. Fish and Wildlife Service, *http://www.le.fws.gov/TipsforTravelers.htm* for other important "Information for International Travelers."

D. U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at *http://irs.gov/publications/p54/index.html*

E. SOCIAL SECURITY Write to the Social Security Administration, Office of International Operations, P.O. Box 17769, Baltimore, MD 21235, or consult *http://www.ssa.gov/international* about receiving payments while outside the U.S., or contact the nearest Social Security office in the United States or at a U.S. embassy or consulate abroad.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE.

28



581585504

HD-kx

VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF HEALTH

154499

CERTIFICATE OF BIRTH

This is to certify that a birth certificate has been filed for

DYLAN TYLER HURST
(FULL NAME OF CHILD)

under File No. 153-97-001001 in the Office of the Registrar of Vital Statistics, ST. THOMAS (ISLAND), Virgin Islands of the United States.

Born on DECEMBER 10, 1997 (DATE OF BIRTH) at CHARLOTTE AMALIE (CITY, TOWN, VILLAGE).

ST. THOMAS (ISLAND), Virgin Islands. Sex MALE (MALE OR FEMALE)

Name of Father WILLIAM HARRISON HURST

Maiden Name of Mother BRENDA LEE BORGES

File Date: 12/12/97

Alexia C. Azille
ALEXIA C. AZILLE
(SIGNATURE OF REGISTRAR)

CHARLOTTE AMALIE
(CITY)

ST. THOMAS 00 , V. I.
(ISLAND)

JANUARY 13, 2015
(DATE ISSUED)

This certificate is evidence of age, parentage and place of birth and should be carefully preserved.

THIS CERTIFICATE BECOMES VOID IF ALTERED

Exhibit 2 - Lara Cardoso Hurst's Identification Documents

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

GB718834

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
GB718834

SOBRENOME / SURNAME
CARDOSO DA SILVA

NOME / GIVEN NAMES
LARA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
16 OUT/OCT 1999

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
BELO HORIZONTE/MG

FILIAÇÃO / FILIATION
JOSE ORCEIR DA SILVA

EDINIVIA CELESTINO DA SILVA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
08 JUN/JUN 2020

AUTORIDADE / AUTHORITY
SR/DPF/MG

VÁLIDO ATÉ / DATE OF EXPIRY
07 JUN/JUN 2030

P<BRACARDOSO<DA<SILVA<<LARA<<<<<<<<<<<<<<<<<<<<
GB718834<4BRA9910160F3006070<<<<<<<<<<<<<<08

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br


LISBOA
B 056
DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
DEC 25 2022
Class
Until
24JUN2023
LISBOA
B 032
LISBOA
B 880
VISTOS 6 VISAS
VISTOS 7 VISAS


16.07.24 19
MADRID-BARAJAS
A 199
16.07.24 85
KEFLAVIKURFLUGVOLLUR
F 039
POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
ENT 19 SEP 25 332
CHILE
AEROPUERTO A. MERINO BENITEZ
VISAS
VISAS
VTOPP
DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NEW
MAR 31 2021
Class B2
Until 29 Sep 2024
VISAS
VISAS


10.08.25 25
BARCELONA
POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
SAL 21 SEP 25 100
CHILE
AEROPUERTO A. MERINO BENITEZ
VISTOS VISAS
THE UNITED STATES OF AMERICA
USA
VISA
Issuing Post Name
SAO PAULO
Surname
CARDOSO DA SILVA
Given Name
LARA
Passport Number
GB718834
Entries
M
Annotation
Sex
F
Issue Date
01NOV2023
Control Number
20233033020001
Visa Type /Class
R B1/B2
Birth Date
16OCT1999
Nationality
BRZL
Expiration Date
29OCT2033
0111
T4907176
VNUSACARDOSO<DA<SILVA<<LARA<<<<<<<<<<<<<<<<<<
GB718834<4BRA9910160F3310296B3SPL305K8633330

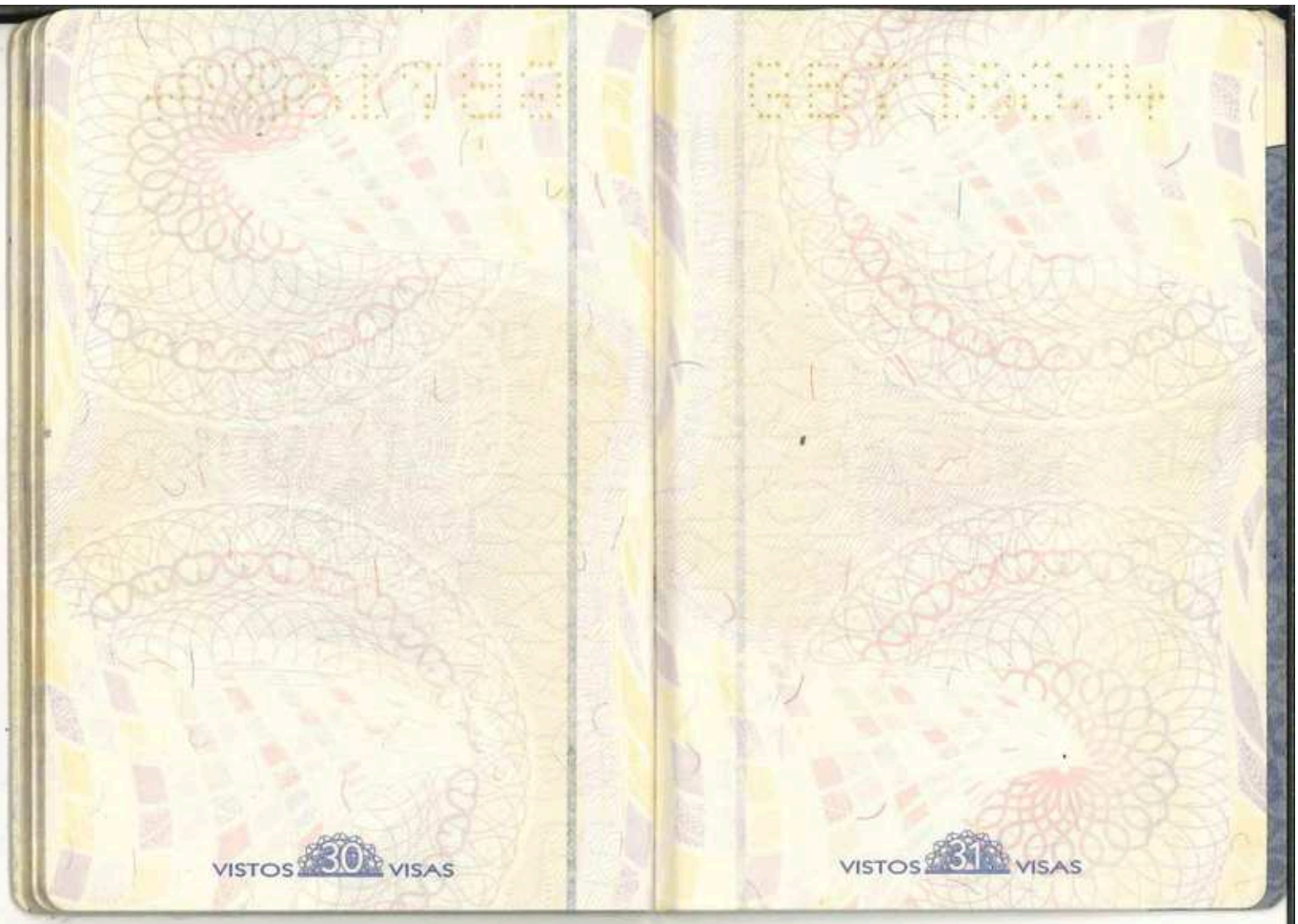

VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS




VISTOS 26 VISAS
VISTOS 27 VISAS




VISTOS 30 VISAS
VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

CANCELADO

Este documento pertence à
Ce document appartient à la
This document is the property of the.
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FJ836717

POLÍCIA FEDERAL

CANCELADO

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

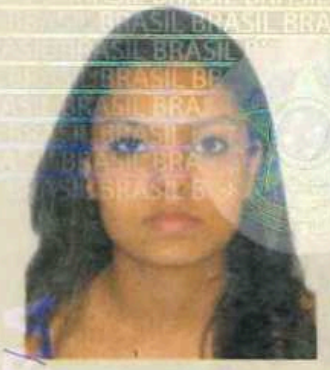
Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE N.º / PASSPORT No.: FJ836717

SOBRENOME / SURNAME: CARDOSO DA SILVA
NOME / GIVEN NAMES: LARA
NACIONALIDADE / NATIONALITY: BRASILEIRO(A)
DATA DE NASCIMENTO / DATE OF BIRTH: 16/Oct/1999
IDENTIDADE Nº / PERSONAL No.:
SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: BELO HORIZONTE/MG
DATA DE EXPEDIÇÃO / DATE OF ISSUE: 27/Mar/2014
AUTORIDADE / AUTHORITY: SR/DPF/MG
VALIDO ATÉ / DATE OF EXPIRY: 26/Mar/2019



BRA

P<BRACARDOSO<DA<SILVA<<LARA<<<<<<<<<<<<<<<<<<<
FJ836717<4BRA9910160F1903267<<<<<<<<<<<<<<<04

BRASIL

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas



CANCELADO

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br


VISTOS
VISAS
DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NYC
JAN 09 2015
B2
Until
JUL 08 2015
VISA
UNITED STATES OF AMERICA
Issuing Post Name
RIO DE JANEIRO
Control Number
Visa Type /Class
R B1/B2
Nationality
BRZL
1000
J0645048
CANCELLED WITHOUT PREJUDICE
VNUSACARDOSO<DA<SILVA<<LARA<<<<<<<<<<<<<<<<<<<
FJ836717<4BRA9910160F2406019B3RDJOWI2Y333363

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF MINAS GERAIS

CIVIL REGISTRY OF THE FIRST SUBDISTRICT
JOSÉ AUGUSTO SILVEIRA
Registrar of Civil Registry
Avenida Francisco Sales, 244, Floresta
Phone: (031) 222-5506 ZIP Code: *[unreadable]*
Belo Horizonte Minas Gerais

FIRST SUBDISTRICT OF BELO HORIZONTE

JOSÉ AUGUSTO SILVEIRA

REGISTRAR OF CIVIL REGISTRY

BIRTH CERTIFICATE

I CERTIFY that in this Registry Office a birth record was drawn up, from which the following can be read:

Book: **828** Page: **299** Entry: **360010**
Guide: / / DN No.: 00915688
(ANGELA) (4:35:58 PM)

On the eighteenth (18) of October, nineteen ninety-nine / (1999) /

JOSE ORCEIR DA SILVA /

Banker, MG-2.176.015 / /

appeared at this Registry Office and declared that:
on the sixteenth (16) of October, nineteen ninety-nine (1999) /
at twelve fourteen (12:14 PM) /
at Octaviano Neves Maternity, Belo Horizonte, Minas Gerais /
a child was born who was given the name

LARA CARDOSO DA SILVA /

(name for which the declarant takes responsibility) /
female, daughter of the declarant /
born in Itabirinha / Minas Gerais / and
EDINIVIA CELESTINO DA SILVA /
Merchant, 33 years old /
born in Salinas / Minas Gerais / residing at
Avenida Flávio dos Santos, 444 - Floresta, Belo Horizonte, Minas Gerais /

paternal granddaughter of JOSÉ PEREIRA DA SILVA /
and GENY ALVES DA SILVA /

and **maternal granddaughter** of JOÃO CELESTINO DA SILVA /
and AURELINA RODRIGUES CARDOSO DA SILVA /

Whereof, for the entry record, this certificate was drawn up, which, having been read and found correct, is signed by the declarant and the witnesses
Maria Angela Teófilo Higino and
Rosangela Santana Ramos, residents here.

The above is true and I certify.

Belo Horizonte, October 18, 1999.

-----//**Signature**//----
Maria Graças S. D. Rodrigues
DEPUTY REGISTRAR

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 19, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE MINAS GERAIS

REGISTRO CIVIL DO PRIMEIRO SUBDISTRITO
JOSÉ AUGUSTO SILVEIRA
Oficial de Registro Civil
Av. Francisco Salos, 244 - Floresta
Tel.: (031) 222-5605 CEP 30150-300
Belo Horizonte - Minas Gerais

PRIMEIRO SUBDISTRITO DE BELO HORIZONTE

JOSÉ AUGUSTO SILVEIRA

OFICIAL DO REGISTRO CIVIL

CERTIDÃO DE NASCIMENTO

CERTIFICO que neste Serviço Registral foi lavrado termo de nascimento do qual se lê:

Livro: 828 Folha: 299 Termo: 360010
Guia.: // Nº DN: 00915688
(ANGELA) (16:35:58)

Aos dezoito(18) de outubro de mil e novecentos e noventa e nove/ (1999)/

JOSÉ ORCEIR DA SILVA/
Bancário, MG-2.176.015//

compareceu neste Serviço Registral e declarou que em : dezesseis(16) de outubro de mil e novecentos e noventa e nove/ (1999), às doze horas e quatorze minutos (12:14 h)/ na Maternidade Octaviano Neves,Belo Horizonte,MG/ nasceu **uma criança** que recebeu o nome de

LARA CARDOSO DA SILVA/

(nome pelo qual se responsabiliza o declarante)/ do sexo **feminino**, filha do declarante/ natural Itabirinha/MG/ e de **EDINIVIA CELESTINO DA SILVA/** Comerciante, então com 33 anos de idade/ natural Salinas/MG/ residentes' Av. Flávio dos Santos,444 - Floresta,Belo Horizonte,MG/ , **neta paterna**

de JOSÉ PEREIRA DA SILVA/
e GENY ALVES DA SILVA/

e materna

de JOÃO CELESTINO DA SILVA/
e AURELINA RODRIGUES CARDOSO DA SILVA/

Do que, para constar , foi lavrado este termo que , lido e achado conforme, vai assinado pelo declarante e as testemunhas Maria Ângela Teófilo Higino e Rosangela Santana Ramos,aqui residentes

O referido é verdade, do que dou fé.

Belo Horizonte, 18 de outubro de 1999.

Mª Graças S. D. Rodrigues
SUB OFICIAL

View Travel History

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

Travel History Results

Document Number: **FJ836717**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2026-07-07	Departure	NEW
2	2026-06-29	Arrival	BOS
3	2026-01-08	Departure	MIA
4	2025-12-19	Arrival	WAS
5	2025-08-09	Departure	BOS
6	2025-07-09	Arrival	FTL
7	2024-08-04	Departure	BOS
8	2024-07-16	Arrival	BOS
9	2024-02-29	Departure	BOS
10	2024-01-23	Arrival	BOS

11	2023-01-20	Departure	NYC
12	2022-12-25	Arrival	NYC
13	2022-08-22	Departure	CHI
14	2022-02-28	Arrival	MIA
15	2021-09-12	Departure	NYC
16	2021-03-31	Arrival	NEW

OMB No. 1651-0111 Expiration Date: 08/31/2026

Exhibit 3 - Dylan Tyler Hurst and Lara Cardoso Hurst's Marriage Certificate

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

CT 7060763

The Commonwealth of Massachusetts

State File Number

Department of Public Health • Registry of Vital Records and Statistics

CERTIFICATE OF MARRIAGE

ATTLEBORO	279 / 257
City/Town Making Return	Intention Number / Registered Number
ATTLEBORO	AUGUST 8, 2025
1. Place of Marriage (City/Town)	2. Date of Marriage
DYLAN TYLER HURST	LARA CARDOSO DA SILVA
3. Full Name Party A	11. Full Name Party B
DYLAN TYLER HURST	LARA CARDOSO HURST
3A. Name after Marriage	11A. Name after Marriage
DEC. 10, 1997 / AUTO TECHNICIAN	OCT. 16, 1999 / MEDICAL STUDENT
4. Date of Birth / 5. Occupation	12. Date of Birth / 13. Occupation
2385 CHESTNUT STREET	864 RUA DOS OTONI
6. Residence (No. & St.)	14. Residence (No. & St.)
DIGHTON, MA 02764	BELO HORIZONTE, MG / BRAZIL 30150277
(City/Town, State or Country, Zip Code)	(City/Town, State or Country, Zip Code)
1ST / -- -- -- -- -- --	1ST / -- -- -- -- -- --
7. Number of Marriage / 7A. Widowed/Divorced	15. Number of Marriage / 15A. Widowed/Divorced
ST. THOMAS, VIRGIN ISLANDS	BELO HORIZONTE, MINAS GERAIS, BRAZIL
8. Birthplace (City/Town and State or Country)	16. Birthplace (City/Town and State or Country)
BRENDA LEE HURST / BORGES	EDINIVIA CELESTINO DA SILVA / CELESTINO DA SILVA
9. Name of Parent	17. Name of Parent
WILLIAM HURST	JOSE ORCEIR DA SILVA
10. Name of Parent	18. Name of Parent

19. The INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of ATTLEBORO (Name of Community) according to law, this 4TH (Day) day of AUGUST (Month), 20 25 (Year)

Issued AUGUST 7, 2025 (Month Day Year) by Kathleen Jackson (City or Town Clerk or Registrar)

20. SOLEMNIZER: I hereby certify that I solemnized the marriage of the above-named persons at the place and date listed below.

77 PARK STREET	ATTLEBORO
Place (Number & Street, or Name of Place of Worship)	(City/Town)
AUGUST 8, 2025	JUSTICE OF THE PEACE
Date Solemnized	Title (Clergy Member, Priest, Rabbi, Imam, Justice of the Peace)
KATHLEEN JACKSON Kathleen Jackson	93 SPRUCE LANE, ATTLEBORO, MA 02703
Name of Solemnizer & Signature	Address

AUGUST 8, 2025		Kathleen Jackson
21. Date of Record	Date of Amendment	City/Town Clerk or Registrar

I, the undersigned, hereby certify that I am the Clerk of the City of Attleboro, that as such I have custody of the records of births, marriages, and deaths required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

Witness my hand and seal this 22nd day of August, in the year 2025.

A true copy attest: Kathleen Jackson

City Clerk, City of Attleboro

It is illegal to alter or reproduce this document in any manner

VOID IF ALTERED OR ERASED

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

Exhibit 4 - Evidence of Bona Fide Marriage

Dylan Tyler Hurst
774-360-0651
May 24, 2026
My04mazdarx8@gmail.com
Virgin Islands USA

Personal Statement for Family-Based Petition

To Whom It May Concern,

I met Lara on tinder in 2022. We talked back and forth about our interest, hobbies, what we'd like for the future and our favorite foods. We then planned a date during her time in Massachusetts later that year so we can meet in person. When she came down, I met her at the airport to pick her up and we instantly hit it off. We stopped to have lunch in Boston but it was Christmas day, so we there wasn't many options open. We ended up having a bad chinese food but we were happy to finally meet.

After that, we spent the following days meeting daily. I surprised her with gifts, including a drawing pad for her to draw clothes (one of her passions). We explored Boston and the surrounding areas. At the end of the trip, I dropped her off at the airport and she still wasn't sure about making it official. I accepted this and gave my goodbyes. A day or two later she called me and told me she wanted to take the risk and heartache of a long-distance relationship.

Since then, in the 3 years we have been dating, we have visited each other multiple times. I've been to Brazil visiting her 3 times, in april of 2023, august of 2023 and december of 2025. I went to her home town Belo Horizonte, to Rio de Janeiro, we visited Natal together, and also took an amazing trip to Gramado where we got to taste great local wines. In our first trip she did all the planning and showed me around her home city, as well as taking me to Rio to see the beaches and the Jesus statue on top of the mountain. We took lots of pictures and I so impressed on how she spent the entire time sure I was having fun.

Our trip to Natal was the same as my first trip to Brazil. She planned out the two weeks we had with each other perfectly so that we always had something to do that we both enjoyed. We spent our time exploring, eating lots of food, sightseeing (got to see the world's largest cashew tree!), relaxing at the beach and even went to a concert that was happening not even a mile from our hotel on the beach.

She also visited me multiple times and we got to enjoy the US together. From ice skating during winter to enjoying a summer day in Cape Cod.

Throughout the years my love for Lara has grown more and more with every passing day. Through all the ups and downs, her willingness to talk through our problems has always

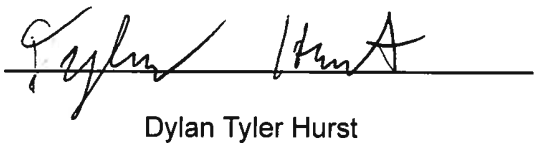
been a blessing and is one of the many things I bring up to whoever I talk to. She has always been the life of room and anyone she talks to becomes friends with her almost instantly.

Through a dating app I was willing to find my forever person. A person I can call whenever I need advice. Lara has helped push me to better myself in every way and has supported me through many hardships. From our trips to visit each other to our love of trying new things together. It has shaped our bond into something strong and unbreakable.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,



Dylan Tyler Hurst

Lara Cardoso da Silva
864, Rua dos Otoni
Belo Horizonte/MG, Brazil,
+55 31 99413-2815
laracardosods16@gmail.com
March 26th, 2026

Personal Statement for Family-Based Petition

To Whom It May Concern,

I met Dylan through a dating app in October of 2022. I already had plans to spend the holidays in Massachusetts and, after a couple months texting and talking on the phone, we decided to make plans to see each other. I landed in Boston on Christmas day and, even though he had plans with his family, he picked me up from the airport so we could have lunch.

The next day, he showed up with all the things I said I love during those 2 months of conversation: pink flowers, colorful handbags, homemade cookies from his mom, a drawing notebook, professional pencils, mint chocolate truffles and my favorite gummy bears. In that moment, I noticed how thoughtful and caring he was. And after that, he drove 80 miles back and forth to see me after work for the nineteen following days of my stay. We watched the new year's eve fireworks from the Boston Harbor, had multiple sushi dates, visited Martha's Vineyard, watched my first basketball game and I got to meet his mom and sister.

After I came back to Brazil, I wasn't sure where that story was gonna go. I felt insecure about the distance but already encouraged enough by the recent bloomed feelings to give it a try. And I'm glad I did. During these last 3 years, we've been counting down the days till our next encounter after every goodbye. I learned to be patient, to love and to trust. I found a partner and friend for the ups and downs of life.

During the years, besides talking on the phone every day, we took turns traveling whenever possible during my university breaks or Dylan's time off from work. Our next time seeing each other was during Easter in April of 2023. He came to Brazil, I showed him a little of my hometown, and we went to Rio de Janeiro. There, I showed him my favorite tourist spots, beaches, and restaurants. Then we got to enjoy summer together in the US for the first time in July of 2023 and started doing what would become our favorite activities as a couple: cooking, watching shows, going out for picnics and walks and trying new restaurants. After that, we visited each other multiple times, trying to make most of our days together, in Brazil or in the US.

We lived so many special moments, but trying new things together is definitely my favorite. I remember when he took me to ice skate outdoors for the first time and we spent the night laughing trying not to fall. And when we did wine and chocolate tasting in Gramado, Brazil, a city that I also never visited before. Or when I took a risk trying a new pasta recipe and it ended up becoming his favorite meal.

After 2 and a half years of dreams and plans, we decided to take the first step into our future and make it official by getting married in August of 2025. What seemed to be a huge doubt back then, when he

dropped me off at the airport after our first encounter, became the easiest decision of my life. And I can't wait to spend forever with him.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,

Lara Cardoso da Silva

10:13 5G 17

385 Dylan Hurst

30 de set. de 2025

Hi love I'm close to leaving the hospital 12:49

Ligação de voz
6 minutos 12:51



are you ok???? 16:17

send me updates please 16:17

Hi love I'm home 16:17

ok how do you feel Editada 16:18

10:13 5G 17

385 Dylan Hurst

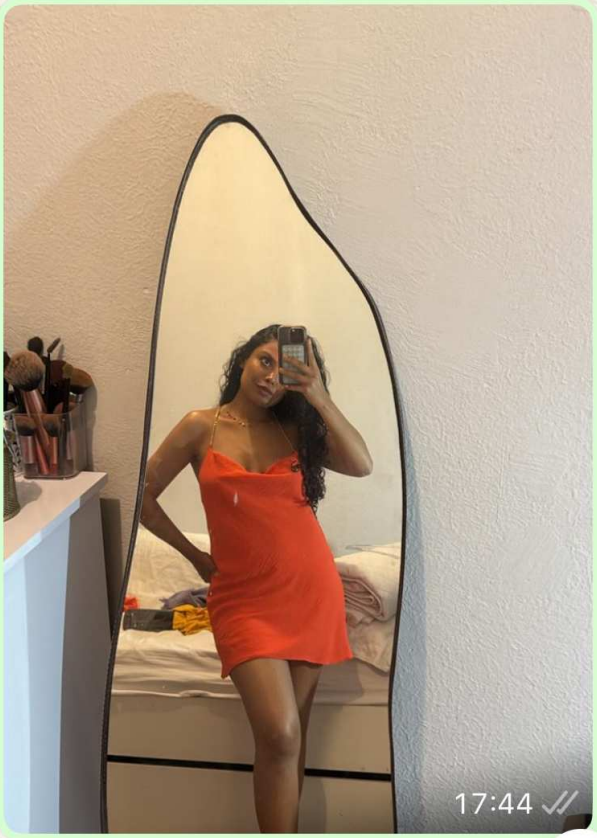


30 de ago. de 2025

00:51 00:51

Ligação de voz
2 minutos
12:35

Ligação de voz
2 minutos
13:01



17:44

Wowwwww so pretty! 17:49

10:11 5G 18

385 Dylan Hurst



Vídeo 18:03



I LOVE YOUUUUJ 18:05

Lmao I love you too cutie 18:46

You look great 18:46

10:13 5G 17

385 Dylan Hurst

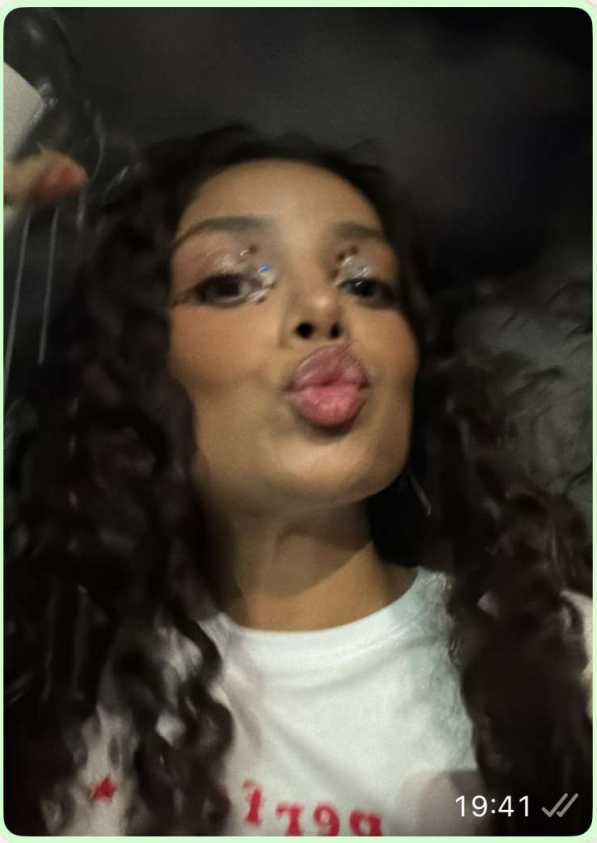
26 de mar. de 2025

good morning love 09:25

Ligação de voz
8 minutos 09:25

Foto 14:11

Pretty girl 14:29



DMAN YOURE SO BEAUTIFUL I CANT HANDLE IT 20:10

17:11



370 Dylan Hurst

16 de jan. de 2025

good morning babe ❤️ hope you have a great first day! 07:56

Thank you my love 08:43

I hope you have an amazing day today 08:43

how is it going, babe? 11:02

Good how's your day 11:35

going ok 12:17

lot of tickets? 12:17

Not yet 12:22

no ticket? 12:22

But we will see I'll give it 3 months 12:22

I got some so far 12:22

babe 20:37

is it ok if I spend 4 weeks at you. house in the summer? july/august

17:10

38

370 Dylan Hurst

look what I found

11 de jan. de 2025

That's a nice pic 01:30

I love you!! have a safe and nice flight 01:30

hope you can get some sleep 01:30

I love youuuuuui 01:30

Thank you love me too 01:30

byeeeeeee 01:30

I love you too 01:30

Bye 01:30



01:30



17:09

370 Dylan Hurst

8 de jan. de 2025

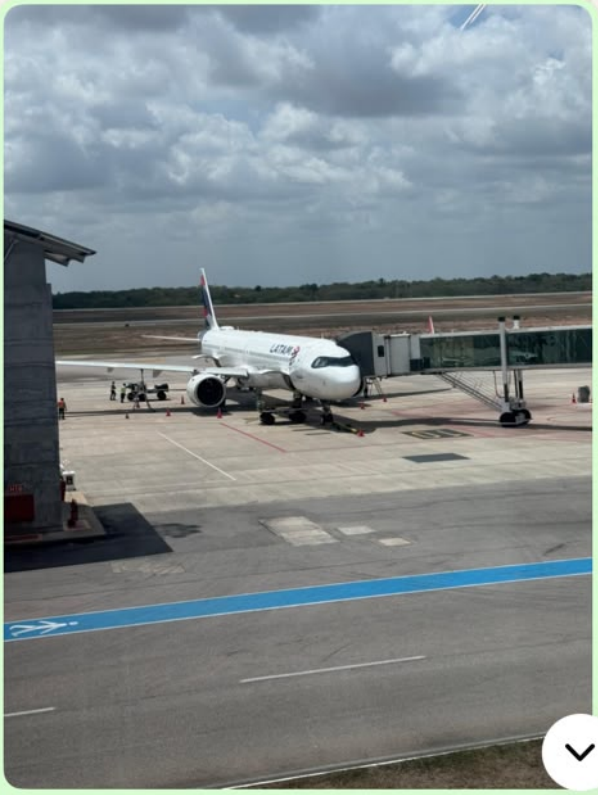
Ligação de voz
53 segundos 10:43

I'm the last group so once the last person goes by I'm not gonna stay 10:46

I'm getting in line 10:47

Babe please 10:50

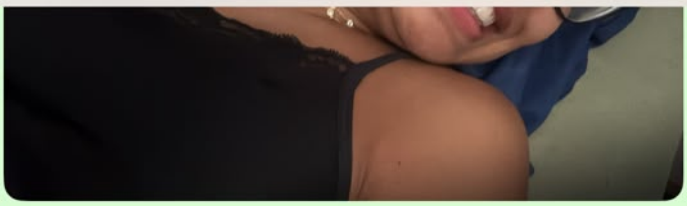
Love youuu 10:56



you!! 10:57

17:13 5G 37

370 Dylan Hurst



going to bed 12:27

Good love you 12:27

Glad you are safe 12:27

love you!!!!! 12:29

can I call? 12:29

or are you busy 12:29

Bust love sorry 13:00

Busy 13:00

hi cutsie 18:08

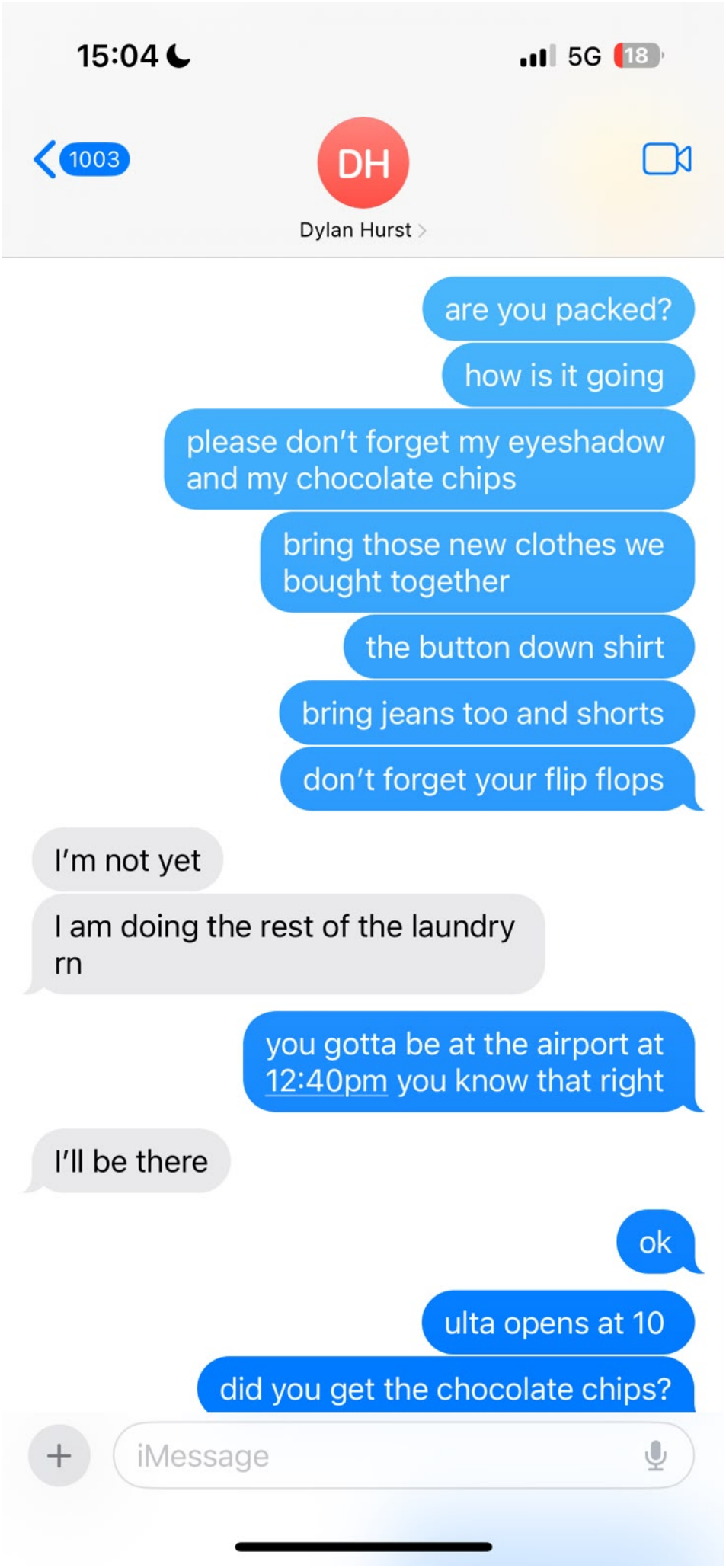
how's work 18:08

Good how's your day 19:36

when do you get home? 20:24

7 20:24

get home or leave? 20:43


15:04
5G
18
1003
DH
Dylan Hurst
are you packed?
how is it going
please don't forget my eyeshadow and my chocolate chips
bring those new clothes we bought together
the button down shirt
bring jeans too and shorts
don't forget your flip flops
I'm not yet
I am doing the rest of the laundry rn
you gotta be at the airport at 12:40pm you know that right
I'll be there
ok
ulta opens at 10
did you get the chocolate chips?
iMessage

To: Dylan Hurst

26 Dec 2024 at 22:51

last night sleeping without my boo boo

I love you!! can't wait to see you

I love you too baby! I can't wait to see you again!

27 Dec 2024 at 00:14

did you board?

Not yet

Getting on now

ok!! have a good flight baby

27 Dec 2024 at 10:21

did you land?

Just landed

Gotta get my bags and recheck I

In

yes ok

be really careful please!!!!!!!

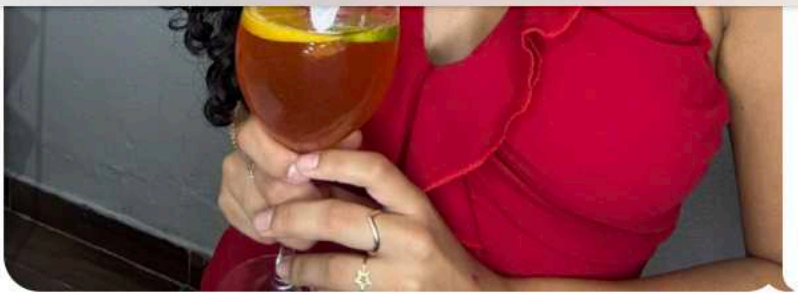
accept it again didn't work last time

I'll be fine

it works then it stops

iMessage

To: Dylan Hurst



Wooooowww red really suits you

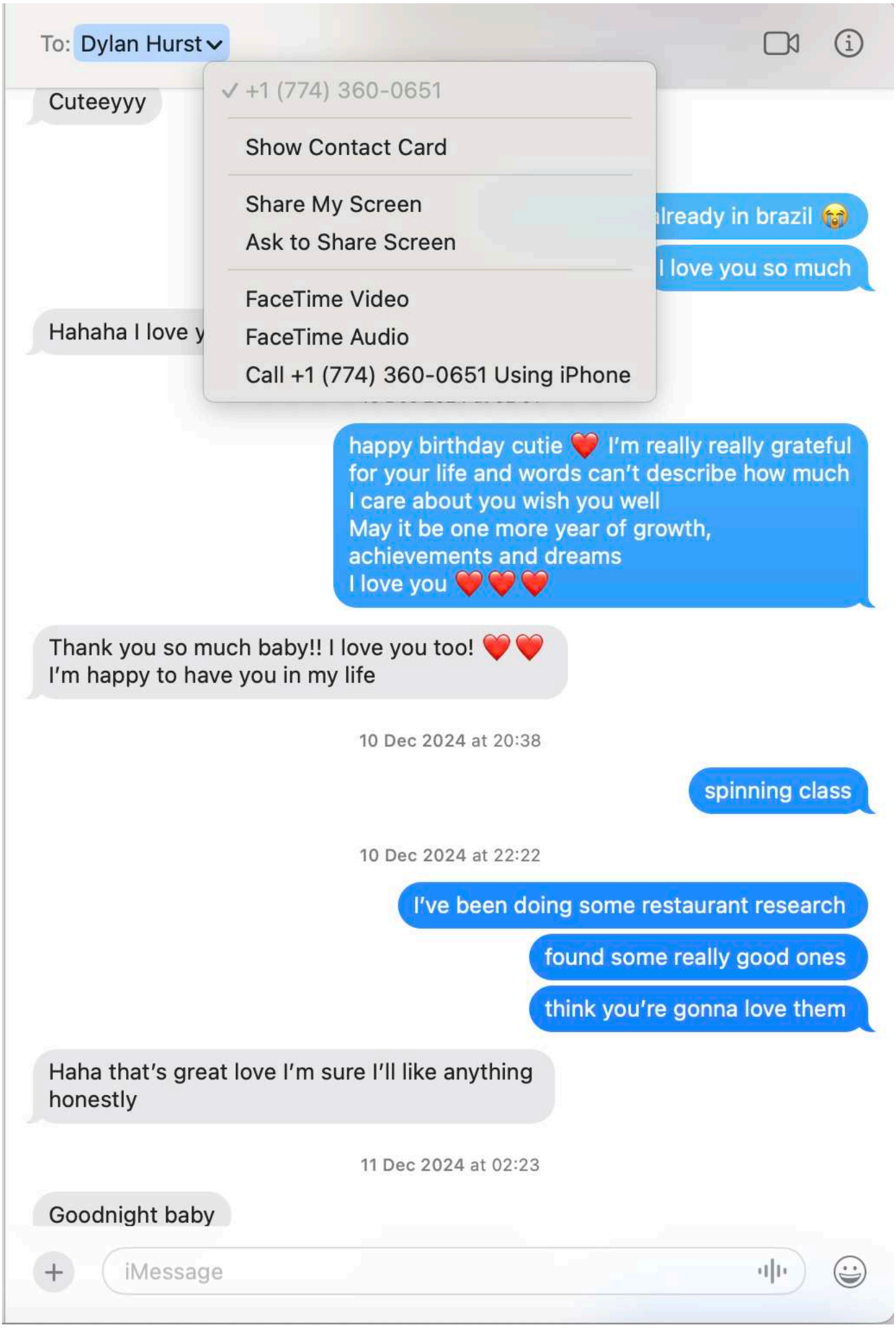
24 Dec 2024 at 23:33

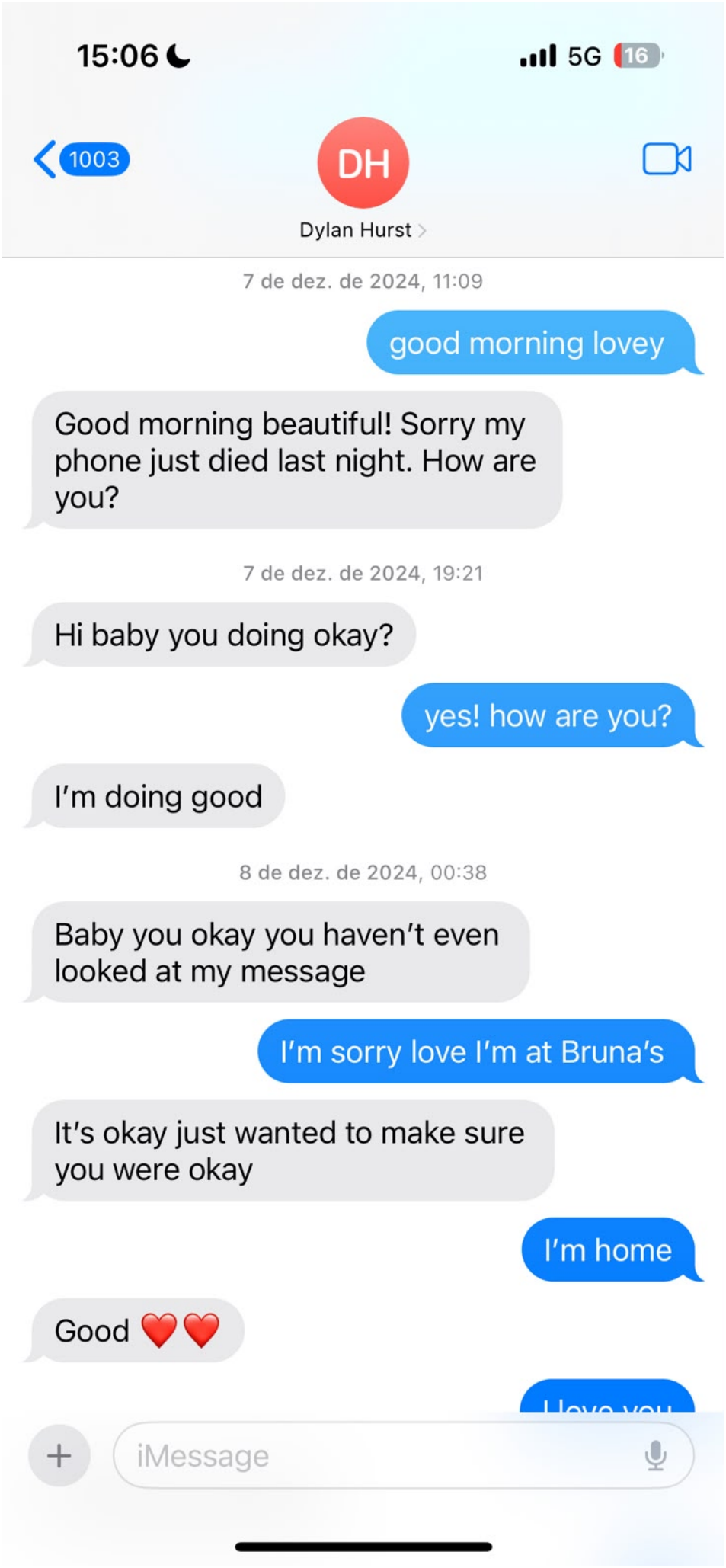
thank

you

merry christmas lovey ❤️✨🎄 you're a blessing in my life and I'm really grateful for you it's been officially 2 years since we met and kissed for the first time and even if christmas sucksssss for me usually that's more than enough reason to make it happier for me 🥺 I love you so much

Awwwww baby. I love you too! Merry Christmas!!! At least I can try to make it better when I get there. It's crazy 2 years have gone by already. And I hope to make it more ❤️


To: Dylan Hurst
✓ +1 (774) 360-0651
Show Contact Card
Share My Screen
Ask to Share Screen
FaceTime Video
FaceTime Audio
Call +1 (774) 360-0651 Using iPhone
Cuteeyyy
lready in brazil 😭
I love you so much
Hahaha I love y
happy birthday cutie ❤️ I'm really really grateful for your life and words can't describe how much I care about you wish you well
May it be one more year of growth, achievements and dreams
I love you ❤️❤️❤️
Thank you so much baby!! I love you too! ❤️❤️
I'm happy to have you in my life
10 Dec 2024 at 20:38
spinning class
10 Dec 2024 at 22:22
I've been doing some restaurant research
found some really good ones
think you're gonna love them
Haha that's great love I'm sure I'll like anything honestly
11 Dec 2024 at 02:23
Goodnight baby
iMessage


15:06
5G
16
1003
DH
Dylan Hurst
7 de dez. de 2024, 11:09
good morning lovey
Good morning beautiful! Sorry my phone just died last night. How are you?
7 de dez. de 2024, 19:21
Hi baby you doing okay?
yes! how are you?
I'm doing good
8 de dez. de 2024, 00:38
Baby you okay you haven't even looked at my message
I'm sorry love I'm at Bruna's
It's okay just wanted to make sure you were okay
I'm home
Good ❤️❤️
iMessage

To: Dylan Hurst

it's huge I'm shocked

you really didn't have to

I'm glad you like them! I even got to hand pick how it was made

they are the most beautiful flowers I've ever seen 😭

Like amount of flowers and everything

and I just got the wine 😭

YES!!!

you're so sweet thank you so much

God I was nervous about that one

I love you

I love you too baby happy birthday ❤️💕

Can I see the flowers?

Did they come in a vase



iMessage

15:08 5G 15

1003

DH

Dylan Hurst

good morning my love

hope you have a nice day at work 💗 I love you

I love you too baby thank you!

6 de nov. de 2024, 09:46



off to school

Why are you so pretty

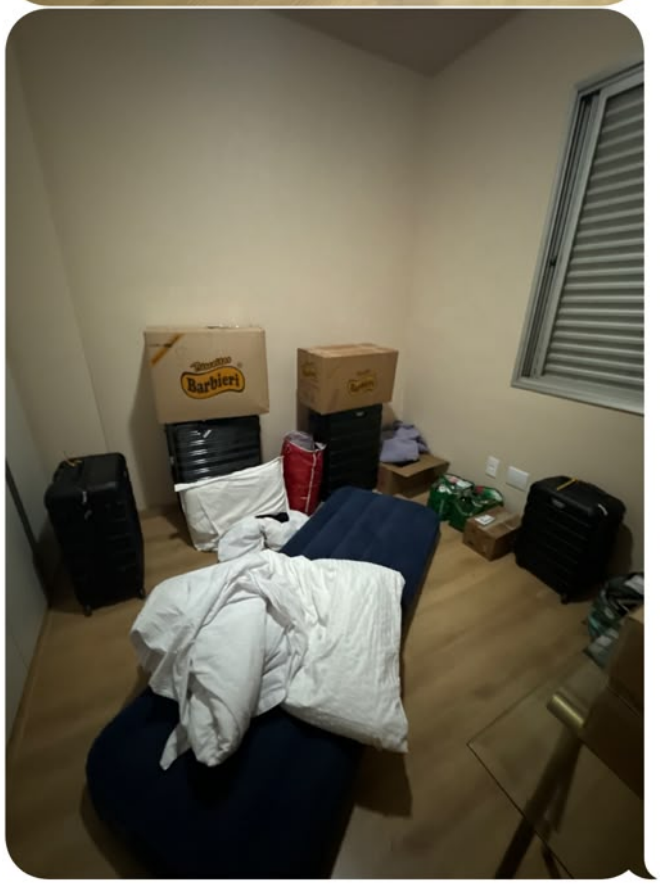
iMessage

15:10 5G 14

1003

DH

Dylan Hurst



26 de set. de 2024, 05:38

Wowwwww looks great baby

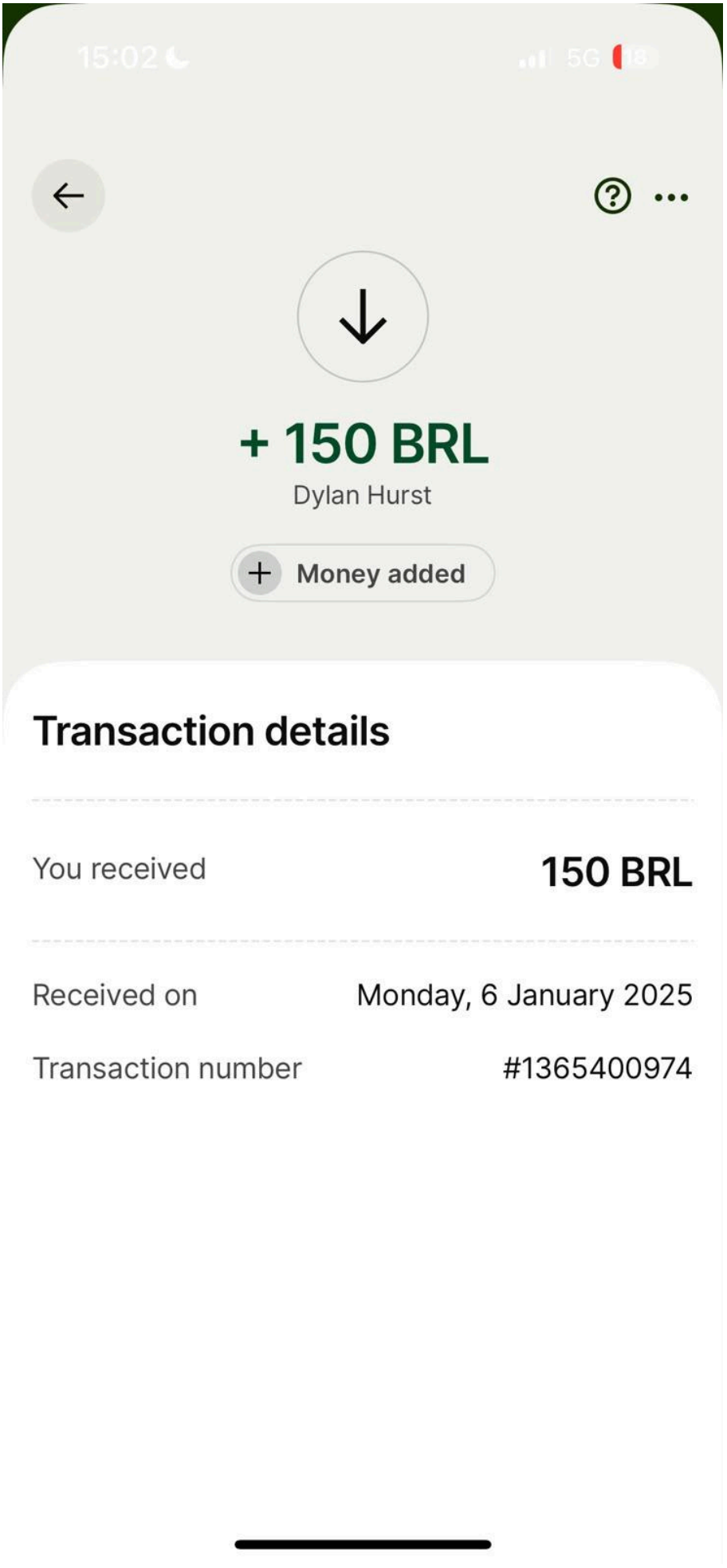
26 de set. de 2024, 07:46

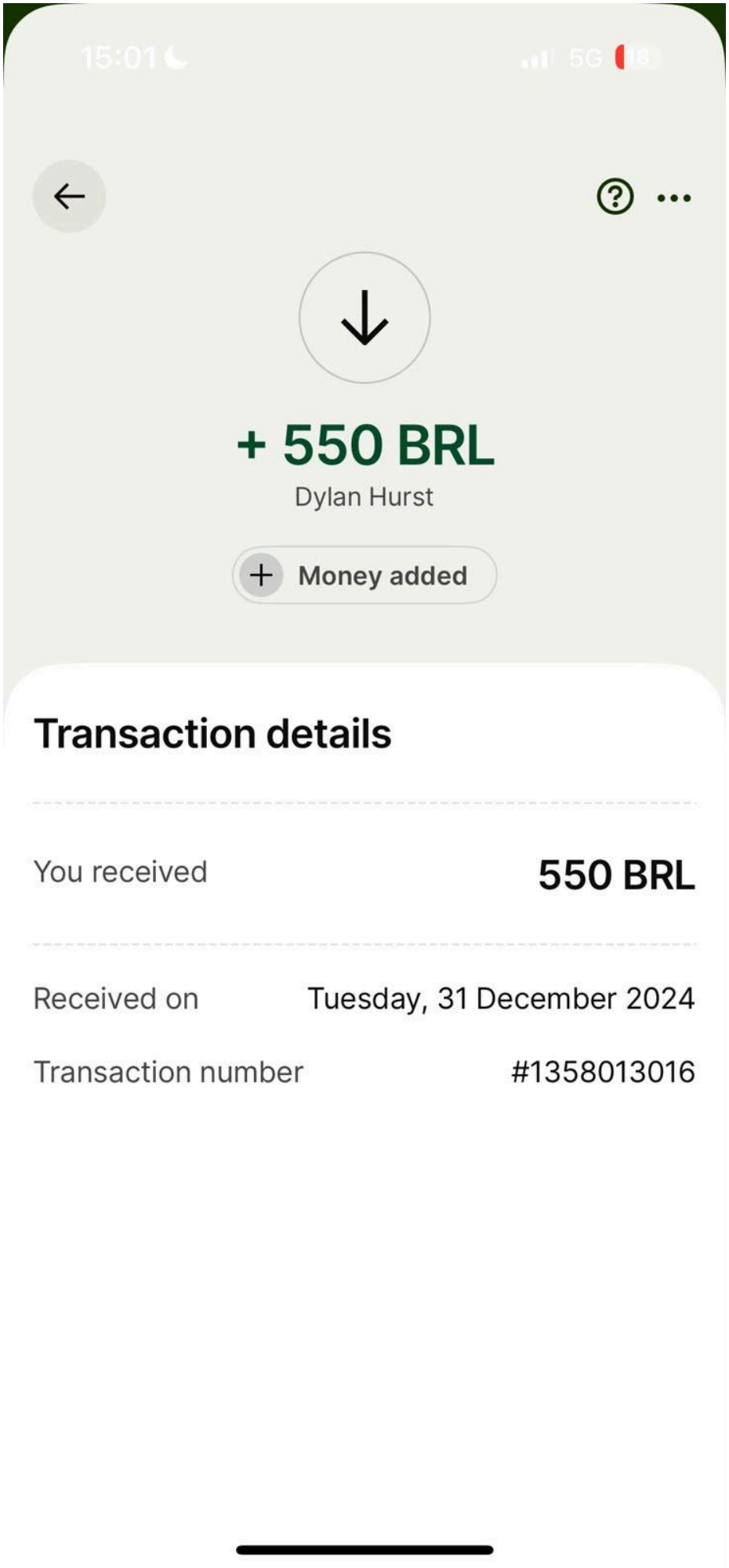
I'm proud of you! And good morning my love ❤️❤️

26 de set. de 2024, 09:26

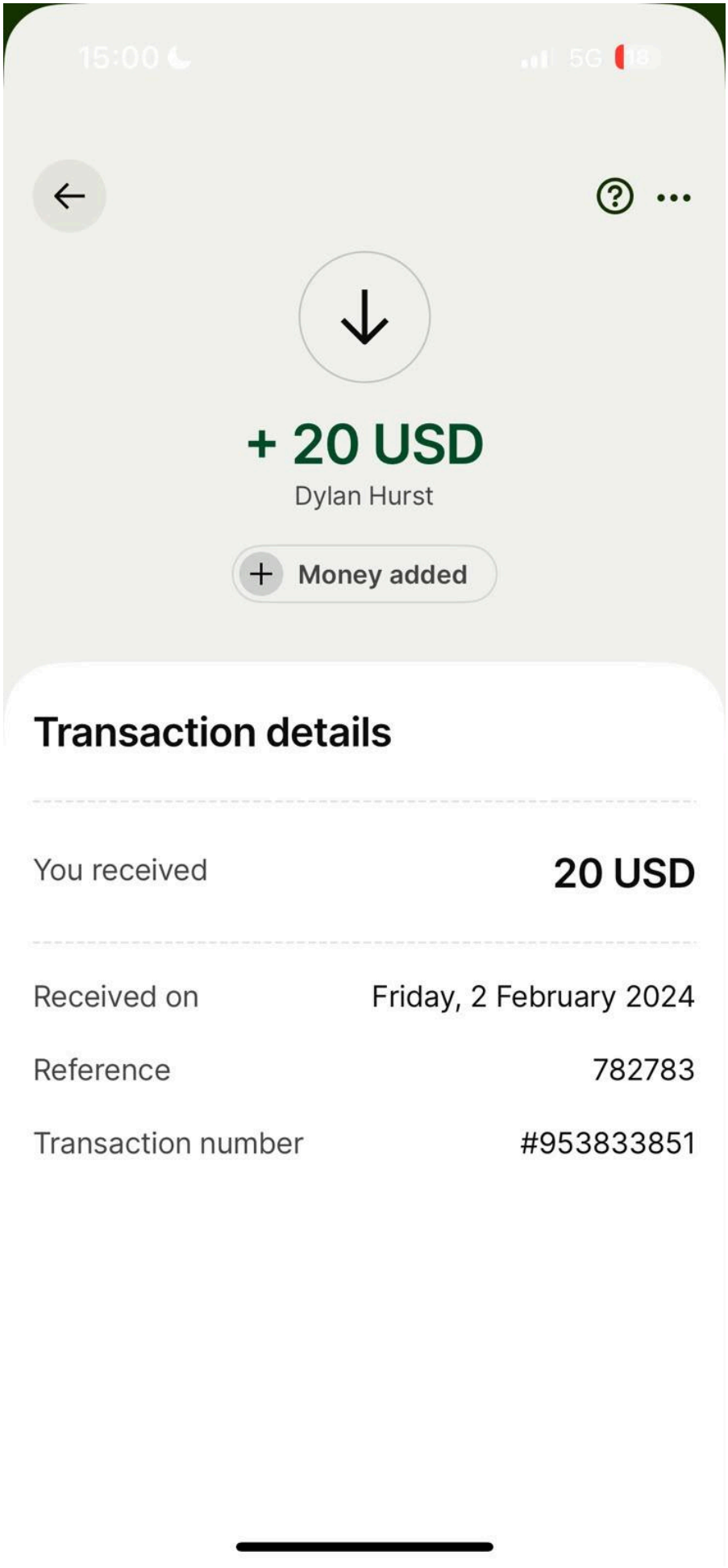
[redacted]

iMessage


15:02
5G
+ 150 BRL
Dylan Hurst
Money added
Transaction details
You received
150 BRL
Received on
Monday, 6 January 2025
Transaction number
#1365400974


15:01
5G
+ 550 BRL
Dylan Hurst
Money added
Transaction details
You received
550 BRL
Received on
Tuesday, 31 December 2024
Transaction number
#1358013016


14:58
5G
+ 11 USD
Dylan Hurst
Dinheiro adicionado
Detalhes da transação
Você recebeu
11 USD
Recebida
quarta-feira, 27 de março de 2024
Referência
538999
Número da transação
#1014295036


15:00
5G
+ 20 USD
Dylan Hurst
Money added
Transaction details
You received
20 USD
Received on
Friday, 2 February 2024
Reference
782783
Transaction number
#953833851

Transfer confirmation

Transfer created
February 14, 2024 15:24:19 GMT-03:00

Funded
February 14, 2024 15:24:28 GMT-03:00

Paid out
February 14, 2024

Funds available
February 19, 2024 (may be available sooner)

Transfer
#966600463

Membership
P27074315

Your details

Name
Lara Cardoso da Silva

Address
Av Mem de Sa 700
Belo Horizonte, 30260270
Minas Gerais, Brazil

Transfer overview

Amount paid by Lara Cardoso da Silva
35.00 USD

Transfer fees
Payment method 0.00 USD
Wise 0.00 USD

Total 0.00 USD

Transfer amount
35.00 USD

Exchange rate
1 USD = 1.0000 USD

Total to Dylan Hurst
35.00 USD

Wise US Inc. is a licensed money transmitter in the United States (NMLS ID: 1351219), with address at 30 W 26th St, New York, NY 10010. If you need any help, please go to our Help Center at **www.wise.com/help**.

Sent to

Name
Dylan Hurst

Paid out from

Name
Wise US Inc on behalf of Lara Cardoso da Silva

Trace id
1762864191

Banking partner
TW.Balance USD

Wise US Inc. is a licensed money transmitter in the United States (NMLS ID: 1351219), with address at 30 W 26th St, New York, NY 10010. If you need any help, please go to our Help Center at **www.wise.com/help**.

WISE

Transfer confirmation

Transfer created
June 21, 2023 13:55:09 GMT-03:00

Funded
June 21, 2023 13:56:13 GMT-03:00

Paid out
June 21, 2023

Transfer
#721253302

Membership
P27074315

Your details

Name
Lara Cardoso da Silva

Address
Av Mem de Sa 700
Belo Horizonte, 30260270
Minas Gerais, Brazil

Transfer overview

Amount paid by Lara Cardoso da Silva
3,020.41 BRL

Transfer fees
Conversion 39.91 BRL

Total 39.91 BRL
Including IOF 11.33 BRL

Amount converted
2,980.50 BRL

Exchange rate
1 USD = 4.7664 BRL

Total to Dylan Tyler Hurst
625.32 USD

VET
1 USD = 4.830183 BRL

Wise Brasil Corretora de Câmbio Ltda, trading as Wise, (CNPJ/ME n. 36.588.217/0001-01) is an Authorised Exchange Brokerage Institution registered with the Brazilian Central Bank. Tel: 0800 878 1204 **https://www.wise.com**. Ombudsman's contact: 0800 878 2802 wise@ouvidoria.com
Need help? Visit **wise.com/help**

Taxes

IOF
11.33 BRL

Sent to

Name
Dylan Tyler Hurst

Account details
BRISTOL COUNTY SVGS BANK
2622796
211370859

Address
2385 chestnut street
north dighton, 02764
Massachusetts, United States

Paid out from

Name
Wise Brasil Corretora de Câmbio Ltda on behalf of Lara Cardoso da Silva

Trace id
021000020609465

Banking partner
JPMorgan Chase Bank

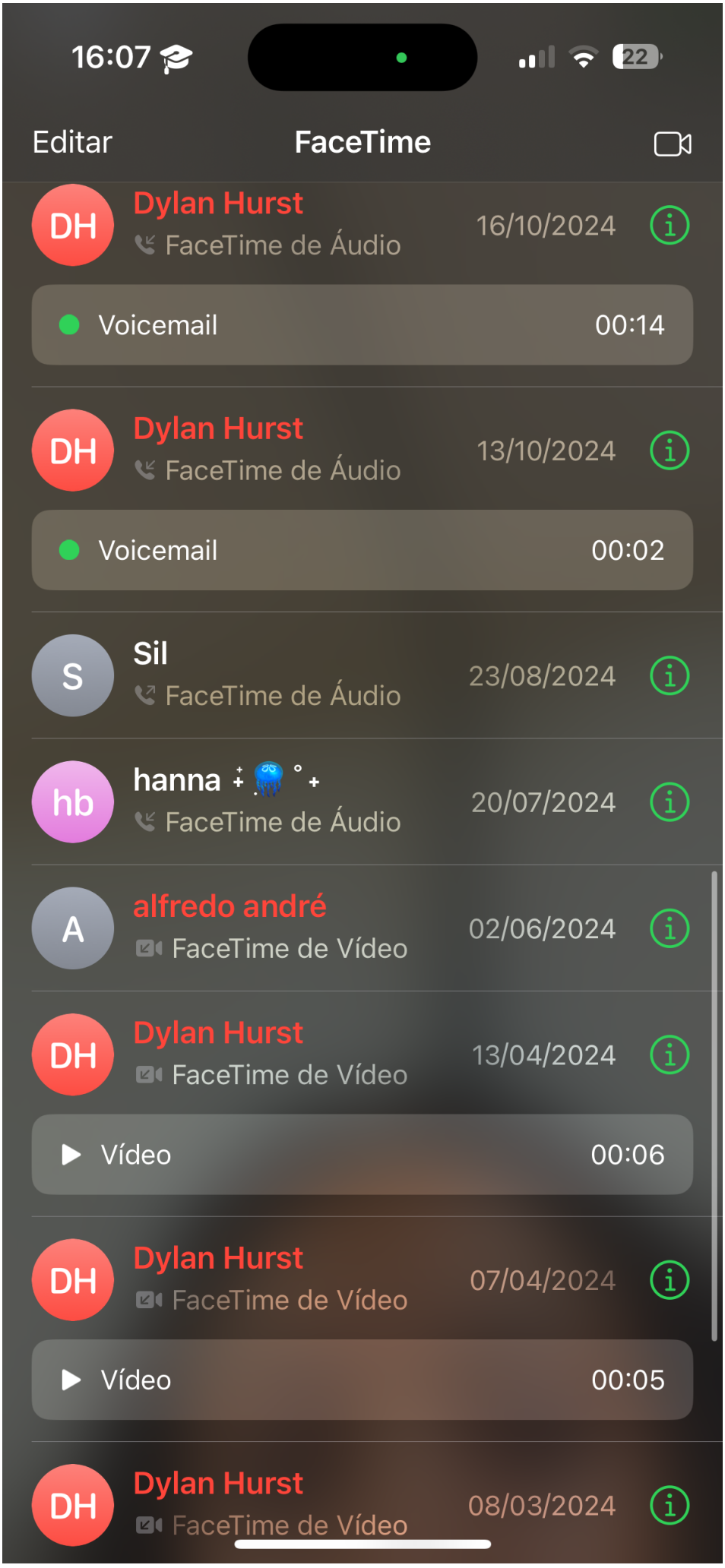
Wise Brasil Corretora de Câmbio Ltda, trading as Wise, (CNPJ/ME n. 36.588.217/0001-01) is an Authorised Exchange Brokerage Institution registered with the Brazilian Central Bank. Tel: 0800 878 1204 **https://www.wise.com**. Ombudsman's contact: 0800 878 2802 wise@ouvidoria.com
Need help? Visit **wise.com/help**

16:08

Ligações

Dylan Hurst Efetuada	18/07/2026	
Dylan Hurst (2) Efetuada	17/07/2026	
Dylan Hurst (2) Recebida	17/07/2026	
Dylan Hurst Efetuada	17/07/2026	
Carolina Conrado Recebida	17/07/2026	
Dylan Hurst Recebida	17/07/2026	
Dylan Hurst Efetuada	16/07/2026	
Dylan Hurst Efetuada	15/07/2026	
Dylan Hurst Perdida	15/07/2026	
João Gabriel Menon Recebida	15/07/2026	
Dylan Hurst Recebida	15/07/2026	
Dylan Hurst Efetuada	14/07/2026	

Atualizações | Ligações 3 | Comunidades | Conversas 378 | Você


16:07
22
Editar
FaceTime
DH
Dylan Hurst
FaceTime de Áudio
16/10/2024
Voicemail
00:14
DH
Dylan Hurst
FaceTime de Áudio
13/10/2024
Voicemail
00:02
S
Sil
FaceTime de Áudio
23/08/2024
hb
hanna ⁺˚⁺
FaceTime de Áudio
20/07/2024
A
alfredo andré
FaceTime de Vídeo
02/06/2024
DH
Dylan Hurst
FaceTime de Vídeo
13/04/2024
Vídeo
00:06
DH
Dylan Hurst
FaceTime de Vídeo
07/04/2024
Vídeo
00:05
DH
Dylan Hurst
FaceTime de Vídeo
08/03/2024

15:23

991

DH

Dylan Hurst

Babe

Babe

yes

I'm here

ok going out

27 de dez. de 2022, 15:30

Come be my free PF Black Card® Guest. At Planet Fitness!

Planet Fitness
planetfitness.com

27 de dez. de 2022, 19:21



iMessage

Outlook

Your Black Card Guest Is Ready For You!

De Planet Fitness <joins@planetfitness.com>
Data Seg, 28/03/2022 11:43
Para lara.cardosoo@hotmail.com <lara.cardosoo@hotmail.com>



Best News Ever!

Your PF Black Card Guest® has completed their registration and ready to go!

We can't wait to see you both. Before you show up, check out the easy steps below. Have an awesome workout!

Before you arrive at the club, make sure your guest has downloaded our free Planet Fitness app where they can access their keytag for check-in.

Once you and your guest arrive at the club together, unlock their keytag from the Black Card Guest screen on your Planet Fitness app.

Your Guest will use the Planet Fitness app to scan their keytag and check in at the front desk.

Once you're both checked in you're ready for a great workout—we can't wait to see you in the club!

FIND YOUR CLUB

Exhibit 5 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship



Jul 2026 - New York, New York.



Jul 2026.



Jul 2026.



Jul 2026.



Jul 2026.



Dec 2025.



Dec 2025.



Dec 2025.



Aug 2025 - North Attleboro, Massachusetts.



Aug 2025 - North Attleboro, Massachusetts.



Aug 2025 - North Attleboro, Massachusetts.



Aug 2025 - North Attleboro, Massachusetts.



Aug 2025 - North Attleboro, Massachusetts.



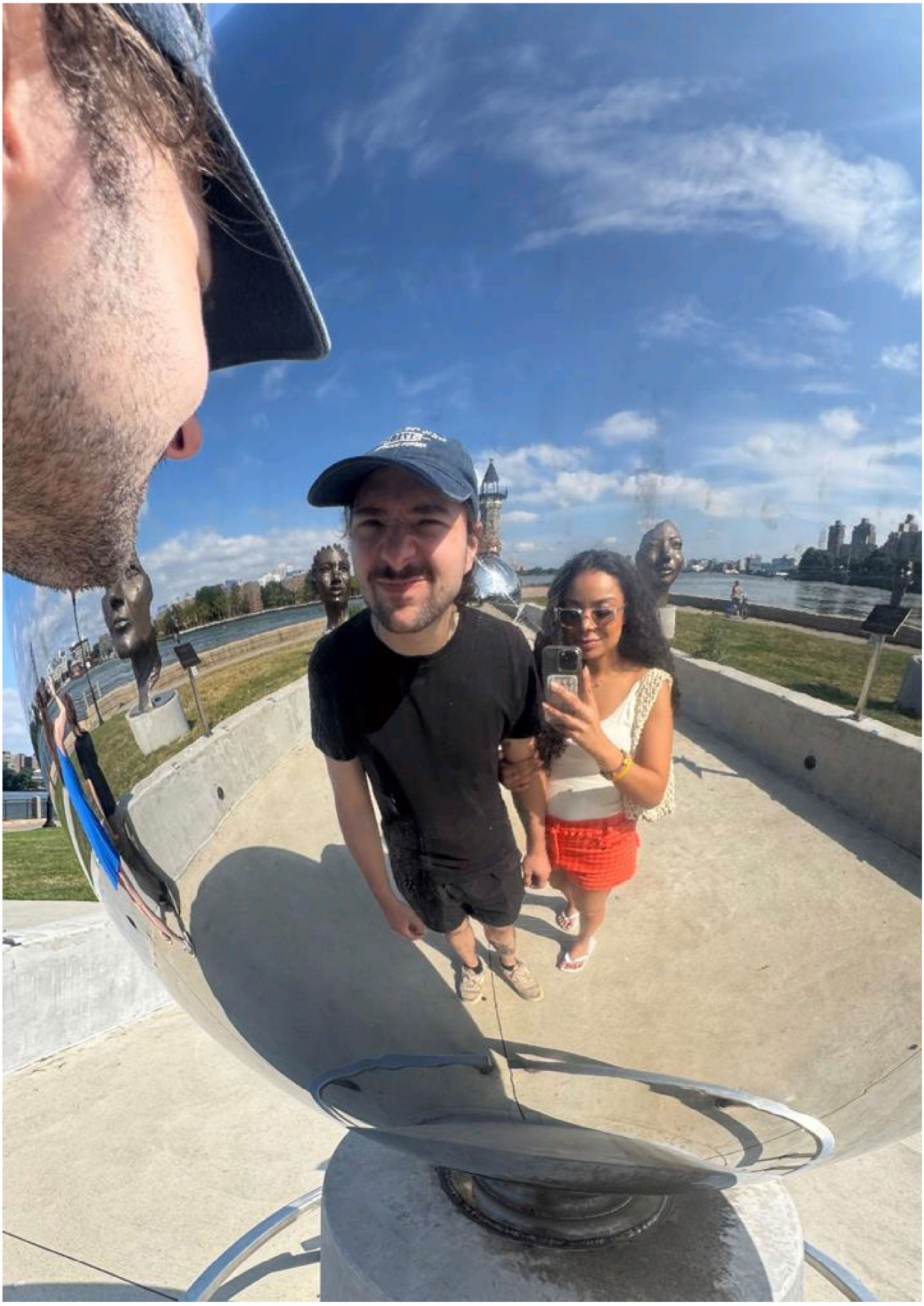
Aug 2025 - North Attleboro, Massachusetts.



Aug 2025 - Cumberland, Rhode Island.



Jul 2025 - Cumberland, Rhode Island.



Jul 2025 - New York, New York.



Jul 2025 - Little Compton, Rhode Island.



Jul 2025 - New York, New York.



Jul 2025 - New York, New York.



Jan 2025 - Natal, Brazil.



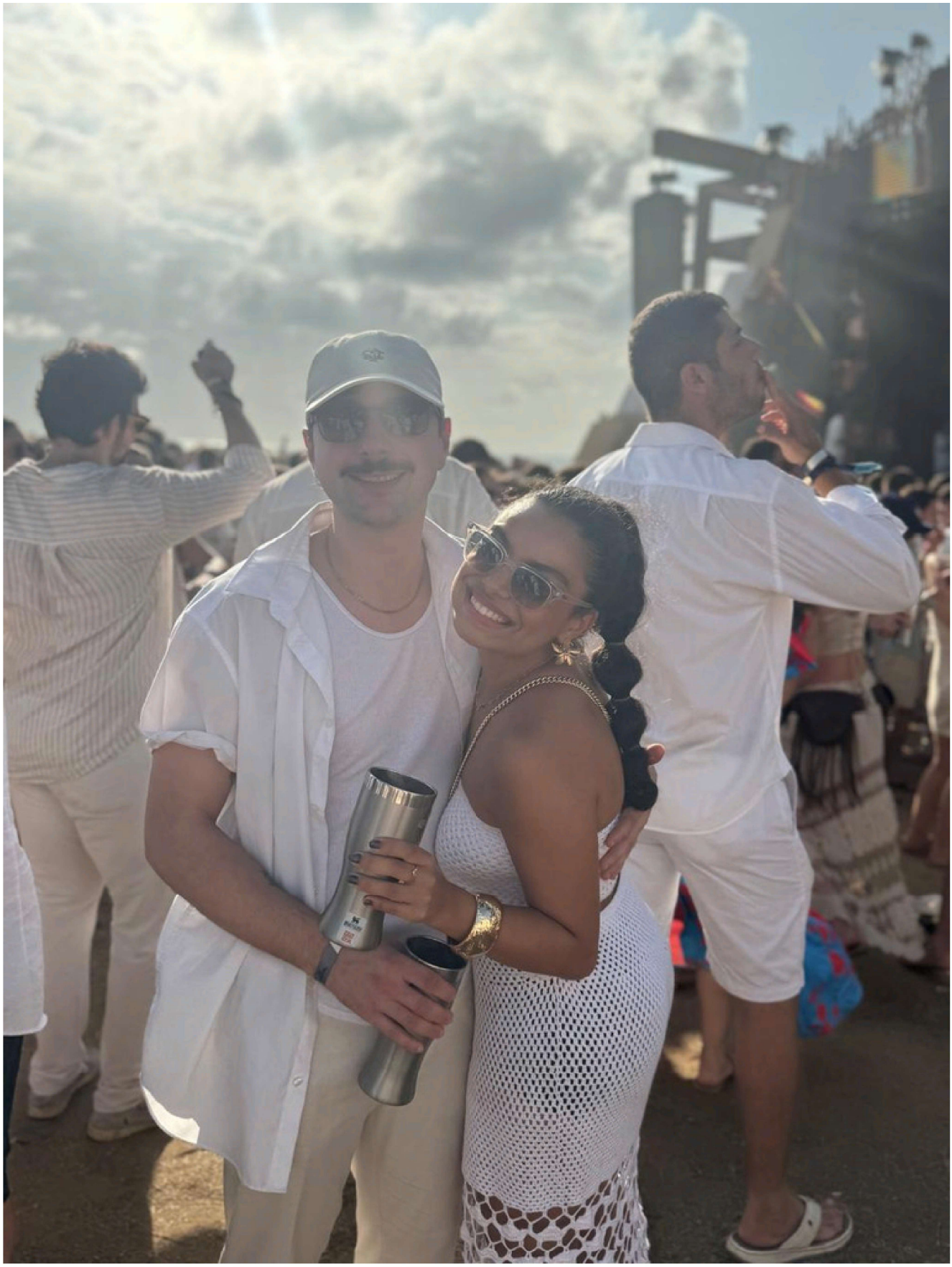
Jan 2025 - Natal, Brazil.



Jan 2025 - Natal, Brazil.



Jan 2025 - Natal, Brazil.



Jan 2025 - Natal, Brazil.



Jan 2025 - Natal, Brazil.



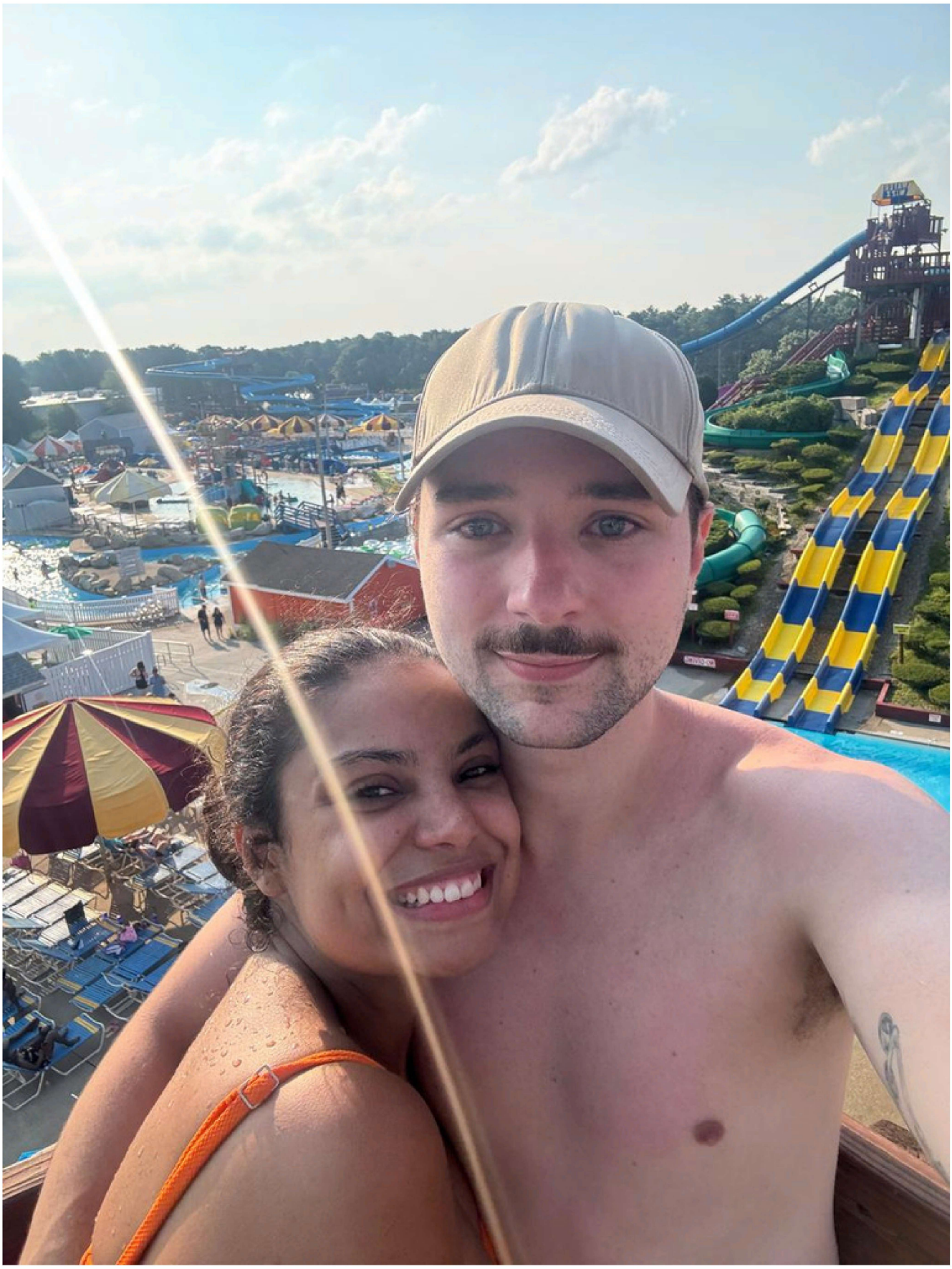
Jan 2025 - Natal, Brazil.



Dec 2024 - Natal, Brazil.



Dec 2024 - Natal, Brazil.



Aug 2024 - Wareham, Massachusetts.



Jul 2024 - Boston, Massachusetts.



Jul 2024 - Newport, Rhode Island.



Jul 2024 - Martha’s Vineyard, Massachusetts.



Jul 2024 - Salem, Massachusetts.



Jul 2024 - Salem, Massachusetts.



Fev 2024 - Cambridge, Massachusetts.



Fev 2024 - Boston, Massachusetts.



Fev 2024 - Cumberland, Rhode Island.



Fev 2024 - Province, Rhode Island.



Jan 2024 - Province, Rhode Island.



Jan 2024 - Boston, Massachusetts.

Posts

laracardosods



Ver insights

163 17

Curtido por **anaclaracarvaalho** e **outras pessoas**

laracardosods

7 de setembro de 2023

Set 2023 - Gramado, Brazil.



Aug 2023 - Gramado, Brazil.



Aug 2023 - Gramado, Brazil.



Aug 2023 - Gramado, Brazil.



Aug 2023 - Gramado, Brazil.



Aug 2023 - Gramado, Brazil.



Aug 2023 - Canela, Brazil.



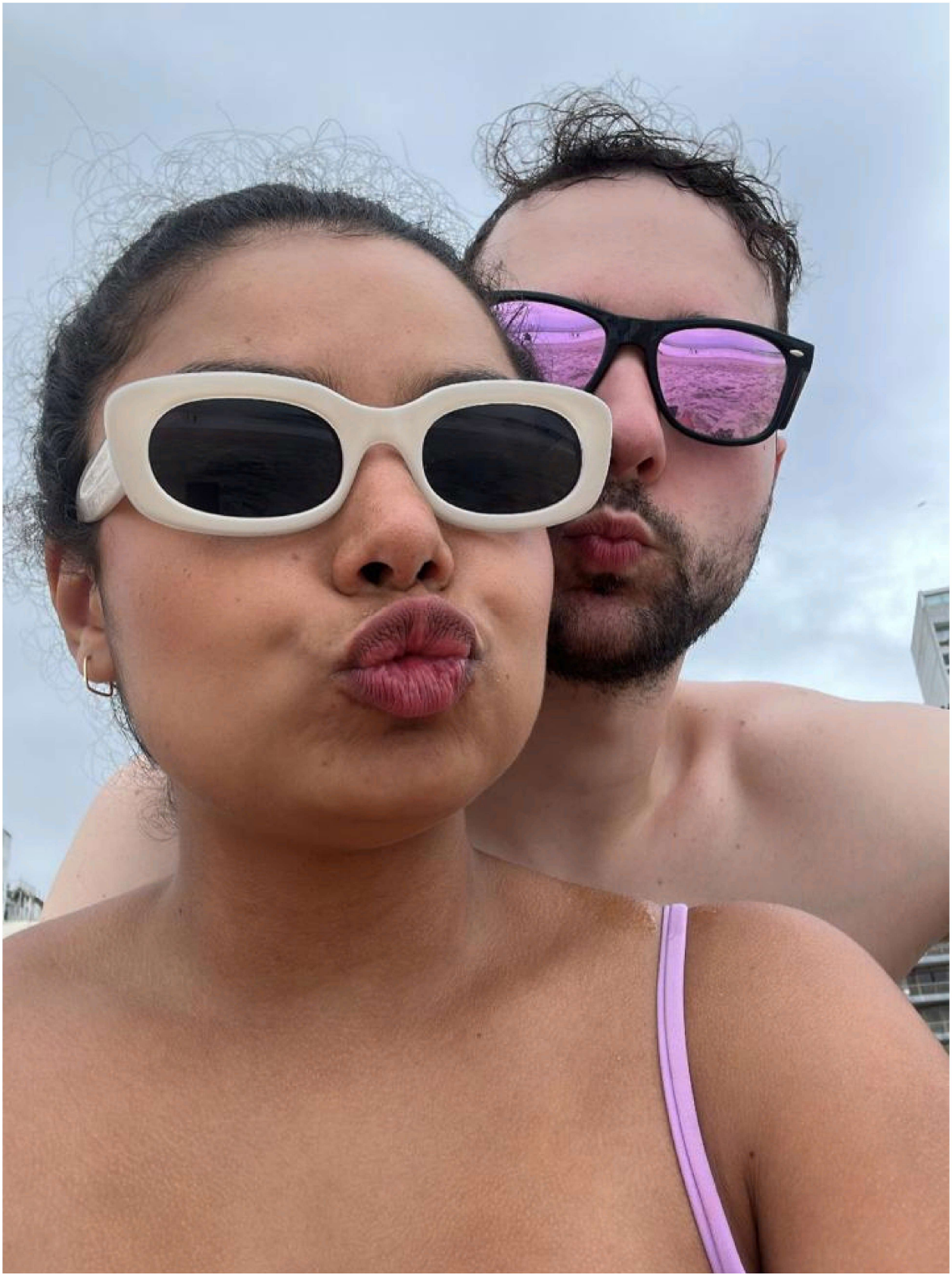
Aug 2023 - Porto Alegre, Brazil.



Aug 2023 - Porto Alegre, Brazil.



Apr 2023 - Rio de Janeiro, Brazil.



Apr 2023 - Rio de Janeiro, Brazil.



Apr 2023 - Rio de Janeiro, Brazil.



Jan 2023 - Boston, Massachusetts.



Jan 2023 - Boston, Massachusetts.



Jan 2023 - Boston, Massachusetts.



Dec 2022 - Falmouth, Massachusetts.

Exhibit 6 - Evidence of Bona Fide Marriage: Letters of Support

Dylan Candeias
26 Blackstone Street
Cumberland, Rhode Island, 02864
+1 774 707-9418
chillian.dylan@gmail.com
March 19th, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I've been friends with Dylan Hurst for over a decade. I was one of the first people in his life to meet Lara when they started dating. Not only do I fully endorse their relationship as legitimate, but I have seen first hand the loving and caring relationship they have built together. Throughout their relationship, I have had the pleasure of spending time with the two of them together, both by myself and with my own girlfriend Stephanie.

One of the most memorable experiences was in August of 2024, when Stephanie, Dylan, Lara and I went to sing Karaoke in Boston. We sang for an hour, the whole time enjoying each other's company and forming a lasting bond between the four of us. Afterwards we went to a restaurant to have dinner.

I've also had the pleasure of sharing a living space with Lara as she stayed with us while visiting the country on two separate occasions. Each morning she would make breakfast for Dylan and offer some to me as well. I had never seen Dylan happier than when in the presence of Lara, and there is no doubt in my mind as to the legitimacy of their relationship and love for each other.

I fully endorse this marriage, and welcome Lara as a resident of the United States.

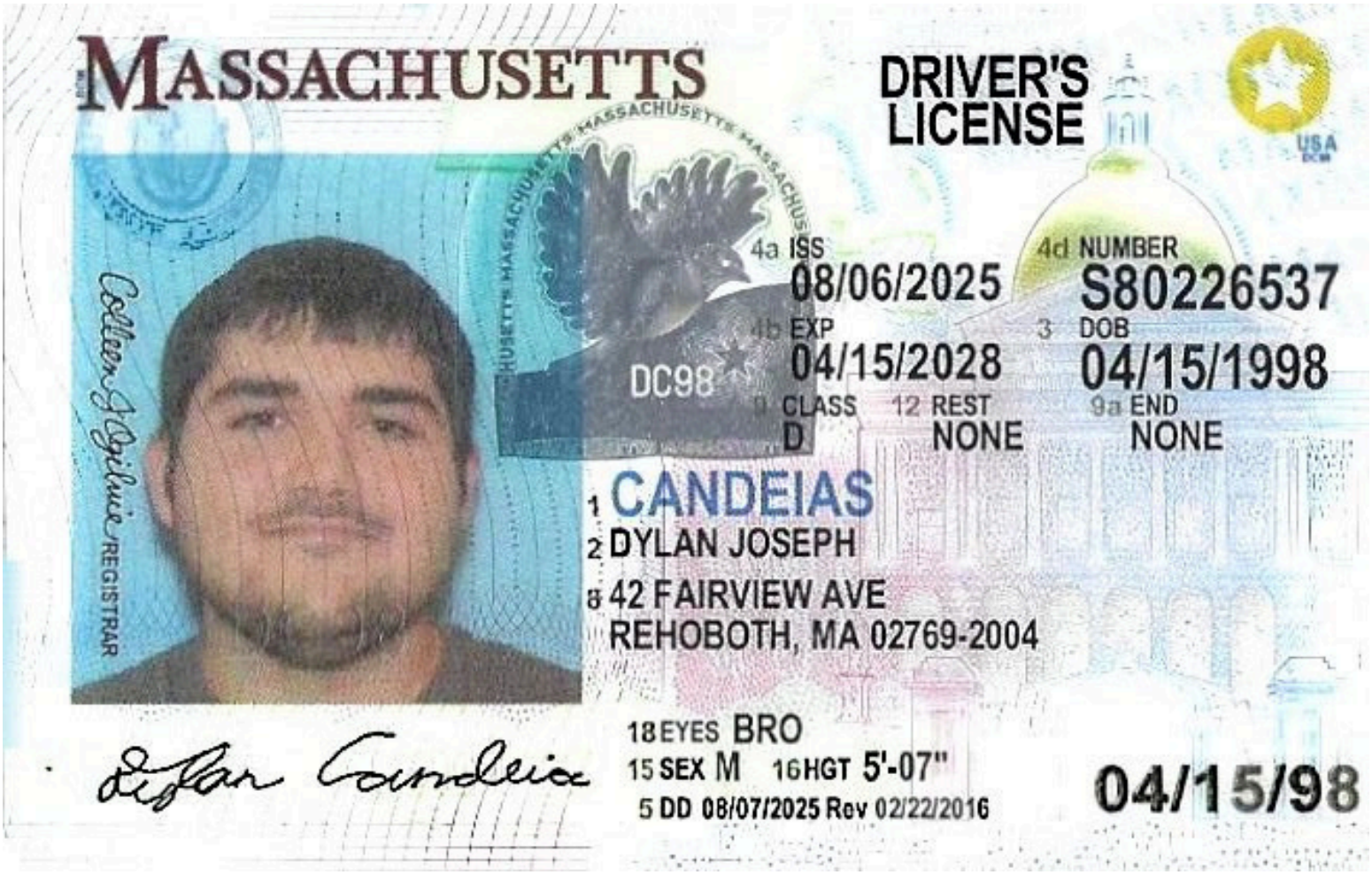
I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,



Dylan Joseph Candeias


MASSACHUSETTS
DRIVER'S LICENSE
USA
4a ISS 08/06/2025
4d NUMBER S80226537
4b EXP 04/15/2028
3 DOB 04/15/1998
DC98
9 CLASS D
12 REST NONE
9a END NONE
1 CANDEIAS
2 DYLAN JOSEPH
8 42 FAIRVIEW AVE
REHOBOTH, MA 02769-2004
Colleen A. Gilmore REGISTRAR
18 EYES BRO
15 SEX M 16 HGT 5'-07"
5 DD 08/07/2025 Rev 02/22/2016
04/15/98

Brenda Hurst
2385 Chestnut St.
North Dighton, Ma 02764
+1 774 297-0722
hurst2385@comcast.net
January 23rd, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Brenda L. Hurst, I am a house cleaner and a U.S. citizen. I met Lara when she started dating my son, Dylan Hurst, 3 years ago.

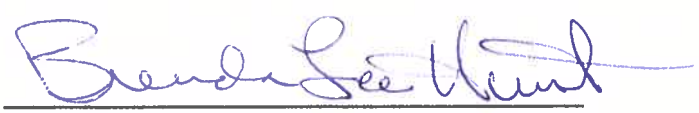
I fully support Lara's application for permanent residency because I have personally witnessed her dedication to our family and to our local community. Her honesty, perseverance, and compassion have made an impression on everyone around her.

Our family gets together with her when she visits and we have cookouts in the summer. The last time she visited, on August of 2025, she baked us a cheesecake and made us typical brazilian appetizers. We share tasty food, drinks, and conversation. When Lara and my son Dylan are together, I can see just how much they love each other.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,



Brenda Lee Hurst


MASSACHUSETTS
DRIVER'S LICENSE
NOT FOR FEDERAL ID
USA
4a ISS 07/13/2022
4d NUMBER S29625795
4b EXP 07/04/2027
3 DOB 07/04/1960
9 CLASS D
12 REST NONE
9a END NONE
1 HURST
2 BRENDA LEE
8 2385 CHESTNUT ST
NORTH DIGHTON, MA 02764-1016
18 EYES GRN
15 SEX F
16 HGT 5'-05"
5 DD 07/13/2022 Rev 02/22/2016
07/04/60
BH60

Stephanie York
276 Mendon Ave
Pawtucket, Rhode Island, 02861
+1 401 212-0393
stephyork246@gmail.com
March 19th, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I had the pleasure of meeting Dylan Hurst and Lara Cardoso about two and a half years ago when I started dating my boyfriend, Dylan Candeias, and at that point they had already been dating for some time.

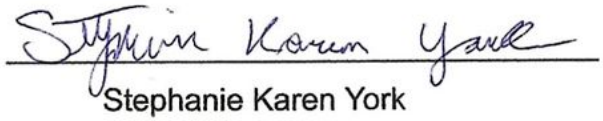
Lara is kind, friendly, and warm but also smart and very impressive, studying to become a doctor. Dylan is funny, generous, and loyal to the ones he loves. Together they balance each other out perfectly, bringing qualities to the relationship the other might lack but bringing out the best qualities in each other. Dylan is one of my boyfriend's best friends and one of his longest friendships, now having lived together for years.

We've gotten to see how Dylan and Lara lovingly act towards each other cooking together, going out on dates, and when they're not together, talking on the phone all the time. Me and Lara will always say hi to each other on the phone when I hear she's talking to Dylan or she hears I'm at the apartment. I love when Lara is in town for all of us to go out on double dates to dinner or bowling, or just this past December she was here for us to watch Christmas movies together. Lara has even invited me and my boyfriend to come visit her in Brazil with Dylan. I fully endorse the legitimacy of their marriage and can't wait for Lara to be a resident of the United States.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,



Stephanie Karen York

Rhode Island
USA

DRIVER LICENSE



3 DOB 11/25/1996
4d LIC # 3318697
4b EXP 11/25/2029
4a ISS 10/12/2024

1 YORK
2 STEPHANIE KAREN
8 169 MAIN ST
SLATERSVILLE, RI 02876-1016

9 CLASS 10
9a END NONE
12 RESTR A

15 SEX F
16 HGT 5'-02"
17 WGT 180 lb
18 EYES BRO
19 HAIR BRO
5 DD 21557625

