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) Amanda	Middle Name (if any) Rose	Family Name (Last Name) COCCIA
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: Amanda Rose Coccia
Beneficiary: Vinicius Guarilha Alves (Spouse).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Vinicius Guarilha Alves**.

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

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

- **Vinicius Guarilha Alves' 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. Amanda Rose Coccia's Identification Documents:
- Amanda Rose Coccia's Birth Certificate;
- Amanda Rose Coccia's Valid Passport;

II. Vinicius Guarilha Alves' Identification Documents:
- Vinicius Guarilha Alves' Birth Certificate with English Translation;
- Vinicius Guarilha Alves' Italian Birth Certificate with English Translation;
- Vinicius Guarilha Alves' Valid Passport;
- Vinicius Guarilha Alves' Copy of I-94;
- Vinicius Guarilha Alves' B1/B2 U.S. Visa - 2012;
- Vinicius Guarilha Alves' J1 U.S. Visa - 2021;
- Vinicius Guarilha Alves' F1 U.S. Visa - 2022;
- Vinicius Guarilha Alves' B1/B2 U.S. Visa - 2024;
- Vinicius Guarilha Alves' J1 U.S. Visa - 2024;

III. Amanda Rose Coccia and Vinicius Guarilha Alves' Marriage Certificates (American, Italian and Brazilian documents);
- Amanda Rose Coccia and Vinicius Guarilha Alves' American Marriage Certificate;
- Amanda Rose Coccia and Vinicius Guarilha Alves' Italian Marriage Certificate with English Translation;
- Amanda Rose Coccia and Vinicius Guarilha Alves' Brazilian Marriage Certificate with English Translation;

IV. Evidence of Bona Fide Marriage

- Amanda Rose Coccia's Personal Declaration;
- Vinicius Guarilha Alves' Personal Declaration with English Translation;

Evidence of Joint Financial and Insurance Records

- Joint Financial Evidence - Bank Account (Teacher's Federal Credit Union);
- Joint Financial Evidence - Credit Card (Discover);
- Joint Financial Evidence - First Page of Form 1040 (2025)
- Joint Financial Evidence - First Page of Form 1040 (2024)
- Joint Financial Evidence - First Page of Form 1040 (2023)
- Joint Financial Evidence - First Page of Form 1040 (2022)
- Joint Policy Evidence - Car Insurance (GEICO);

Evidence of Joint Residence and Shared Household

- Proof of Current Residence;
- Joint Lease Contract (Bogota, Colombia);
- Joint Lease Contract (Nantes, France);
- Joint Lease Contract (Boston);
- Amanda Rose Coccia and Vinicius Guarilha Alves' Flights 2022-2026;

Documentation of Overseas Employments and Shared Relocations

- Vinicius Guarilha Alves' Middlebury College Contract - 2021;
- Amanda Rose Coccia's Boston Acceptance Letter - 2022;
- Vinicius Guarilha Alves' Boston Acceptance Letter - 2022;
- Amanda Rose Coccia's Internship Agreement Accent Francais - 2023;
- Vinicius Guarilha Alves' Internship Agreement Accent Francais - 2023;
- Vinicius Guarilha Alves' Work Contract Nantes - 2023;
- Amanda Rose Coccia's Middlebury Portuguese School Contract - 2024;
- Vinicius Guarilha Alves' Middlebury Portuguese School Contract - 2024;
- Amanda Rose Coccia's Work Contract Nantes -2024;
- Vinicius Guarilha Alves' Work Contract Nantes - 2024;
- Vinicius Guarilha Alves' Educational Service Agreement Sorbonne - 2025
- Vinicius Guarilha Alves' Work Contract IBRACO - 2025

Letters of Support

- Letter of Support by Brianna Coccia;
- Letter of Support by Catherine Elizabeth Strait;
- Letter of Support by Paul P Lamb;
- Letter of Support by Pradeep Vesudevan;
- Letter of Support by Sofia Maria Leathers;
- Letter of Support by Tammy Grace Torelli;
- Letter of Support by Tracey E Schroeder;
- Letter of Support by Angela Maria Srur Guarilha Alves with English Translation;
- Letter of Support by Barbara Ribeiro de Oliveira Mendes with English Translation;
- Letter of Support by Laurence da Cunha Alves with English Translation;
- Letter of Support by Renata Barbosa Fontes with English Translation;

Photographic Evidence of Relationship

V. Amanda Rose Coccia and Vinicius Guarilha Alves' Child, Benjamin Leo Coccia Guarilha, Documents;

- Benjamin Leo Coccia Guarilha's American Birth Certificate;

- Benjamin Leo Coccia Guarilha's French Birth Certificate with English Translation;
- Benjamin Leo Coccia Guarilha's Brazilian Birth Certificate with English Translation;
- Benjamin Leo Coccia Guarilha's American Passport;
- Benjamin Leo Coccia Guarilha's Brazilian Passport;

VI. Evidence of Vinicius Guarilha Alves' Good Moral Character

- Vinicius Guarilha Alves' Brazilian Criminal Records with English Translation;
- Vinicius Guarilha Alves' French Criminal Records with English Translation;

VII. Vinicius Guarilha Alves' Photo 2x2;

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: 08/27/2026

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): COCCIA

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

6.c. Middle Name: Rose

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

62933009524

11. Mobile Telephone Number (if any)

62933009524

12. Email Address (if any)

amandacoccia@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

➡ Amanda Coccia

2.b. Date of Signature (mm/dd/yyyy) 08|20|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) 08/20/2026

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): COCCIA

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

1.c. Middle Name: Rose

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)
	N/A	343486	0 0 7 4 9 2 6 2 5 4 3 8

► **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)
► 0 5 0 9 0 0 3 6 8

Your Full Name

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

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

4.c. Middle Name: Rose

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: Brookhaven

7. Country of Birth: United States of America

8. Date of Birth (mm/dd/yyyy): 12/30/1999

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: Rua Luzilandia Bloco C

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 1004

12.c. City or Town: Goiania

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

12.f. Province: Goias

12.g. Postal Code: 74840620

12.h. Country: Brazil

13.a. Date From (mm/dd/yyyy): 08/31/2026

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

Physical Address 2

14.a. Street Number and Name: Calle 22D #72-38 Torre 1

14.b. ☒ Apt. ☐ Ste. ☐ Flr. 901

14.c. City or Town: Bogota

14.d. State: N/A **14.e.** ZIP Code: N/A

14.f. Province: N/A

14.g. Postal Code: 110911

14.h. Country: Colombia

15.a. Date From (mm/dd/yyyy): 09/01/2025

15.b. Date To (mm/dd/yyyy): 08/31/2026

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) `04/22/2022`

Place of Your Current Marriage (if married)

19.a. City or Town `Middlebury`

19.b. State `VT`

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) `GUARILHA ALVES`

20.b. Given Name (First Name) `Vinicius`

20.c. Middle Name `N/A`

21. Date Marriage Ended (mm/dd/yyyy) `PRESENT`

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) `COCCIA`

24.b. Given Name (First Name) `Michael`

24.c. Middle Name `Anthony`

25. Date of Birth (mm/dd/yyyy) `04/23/1961`

26. Sex ☒ Male ☐ Female

27. Country of Birth `USA`

28. City/Town/Village of Residence `Brookhaven`

29. Country of Residence `USA`

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) `SCHROEDER`

30.b. Given Name (First Name) `Tracey`

30.c. Middle Name `Elaine`

31. Date of Birth (mm/dd/yyyy) `10/08/1967`

32. Sex ☐ Male ☒ Female

33. Country of Birth `USA`

34. City/Town/Village of Residence `Brookhaven`

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/

40.d State N/A

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

Unemployed

43.a. Street Number and Name N/A

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town N/A

43.d. State N/A **43.e.** ZIP Code N/A

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

N/A

44. Your Occupation

N/A

45.a. Date From (mm/dd/yyyy) 08/31/2025

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

Employer 2

46. Name of Employer/Company

Nantes Universite

47.a. Street Number and Name 1 Quai de Tourville BP

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town Nantes

47.d. State N/A **47.e.** ZIP Code N/A

47.f. Province N/A

47.g. Postal Code 1352244035

47.h. Country

France

48. Your Occupation

English teacher

49.a. Date From (mm/dd/yyyy) 09/01/2024

49.b. Date To (mm/dd/yyyy) 08/30/2025

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 3

4. Weight Pounds 1 2 5

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)

► 2 8 1 6 7 4 4 9 7

Beneficiary's Full Name

4.a. Family Name (Last Name): GUARILHA ALVES

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

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): N/A

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Brasilia

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 06/04/1985

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 Luzilandia Bloco C

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: 1004

11.c. City or Town: Goiania

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

11.f. Province: N/A

11.g. Postal Code: 74840620

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.:

12.c. City or Town:

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

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.:

13.c. City or Town:

13.d. Province:

13.e. Postal Code:

13.f. Country:

14. Daytime Telephone Number (if any): 61920051705

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
61920051705

16. Email Address (if any)
viniciusguarilha04@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)
04/22/2022

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Middlebury

20.b. State: VT

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): COCCIA

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

21.c. Middle Name: Rose

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

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): COCCIA

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

25.c. Middle Name: Rose

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 12/30/1999

28. Country of Birth
USA

Person 2

29.a. Family Name (Last Name): COCCIA GUARILHA

29.b. Given Name (First Name): Benjamin

29.c. Middle Name: Leo

30. Relationship: Son

31. Date of Birth (mm/dd/yyyy): 02/13/2025

32. Country of Birth
France

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):

46.b. Form I-94 Arrival-Departure Record Number

►

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

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

47. Passport Number: YF127746

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): 03/12/2035

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): Universidad del Norte

51.b. Street Number and Name: Km 5 Via Puerto Colombia

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: Barranquilla

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

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: Colombia

52. Date Employment Began (mm/dd/yyyy): 07/01/2026

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: N/A

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: Rua Luzilandia Bloco C

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 1004

59.c. City or Town: Goiania

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

59.f. Province: N/A

59.g. Postal Code: 74840620

59.h. Country: Brazil

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

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

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: N/A

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: N/A

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: 62933009524

4. Petitioner's Mobile Telephone Number (if any): 62933009524

5. Petitioner's Email Address (if any): amandacoccia@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): Amanda Coccia

6.b. Date of Signature (mm/dd/yyyy): 08|20|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) 08/20/2026

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): COCCIA

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

1.c. Middle Name: Rose

2. A-Number (if any) ► **A-**

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

3.d.
12 Rue d' Alger, Apt B101, Nantes, 44100, France. From 09/01/2024, to 08/30/2025
144 Kenrick St, Brighton, MA, 02135, USA. From 09/01/2022 to 07/30/2024
1 Emily Court, Medford, NY, 11763, USA. From birth to 08/30/2022.

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

4.d.
Middlebury Language Schools. Sunderland Language Center, 356 College St, Middlebury, VT, 05753. Bilingual assistant. From 06/24/2024 to 08/30/2024.

Boston College. 140 Commonwealth Av, Chestnut Hill, MA, 02467. Teaching fellow. From 09/01/2022 to 05/30/2024.

Middlebury College. 14 Old Chapel Road, Middlebury, VT, 05753. Manager Language Table. From 09/01/2019 to 05/30/2022

5.a. Page Number	**5.b.** Part Number	**5.c.** Item Number
7	4	51a

5.d.
Universidad de Antioquia. Calle 67 #53-108, Aranjuez, Medelin, Colombia. Portuguese teacher. From 06/01/2026 to PRESENT.
IBRACO. Calle 104 No. 15-31, Bogota, Colombia. Portuguese teacher. From 05/01/2025 to PRESENT.

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): GUARILHA ALVES

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

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

61920051705

11. Mobile Telephone Number (if any)

61920051705

12. Email Address (if any)

viniciusguarilha04@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

➡ VINICIUS GUARCHA ALVES

2.b. Date of Signature (mm/dd/yyyy) 08/20/2026

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) 08/20/2026

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): GUARILHA ALVES

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

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)
	N/A	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): GUARILHA ALVES
3.b. Given Name (First Name): Vinicius
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 Luzilandia Bloco C
4.b. ☒ Apt. ☐ Ste. ☐ Flr. 1004
4.c. City or Town: Goiania
4.d. State: N/A **4.e.** ZIP Code: N/A
4.f. Province: N/A
4.g. Postal Code: 74840620
4.h. Country: Brazil

5.a. Date From (mm/dd/yyyy): 08/31/2026
5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: Calle 22D #72-38
6.b. ☒ Apt. ☐ Ste. ☐ Flr. 901
6.c. City or Town: Bogota
6.d. State: N/A **6.e.** ZIP Code: N/A
6.f. Province: N/A
6.g. Postal Code: 110911
6.h. Country: Colombia

7.a. Date From (mm/dd/yyyy): 09/01/2025
7.b. Date To (mm/dd/yyyy): 08/31/2026

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: 12 Rue dAlger
8.b. ☒ Apt. ☐ Ste. ☐ Flr. B101
8.c. City or Town: Nantes
8.d. Province: N/A
8.e. Postal Code: 44100
8.f. Country: France

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 09/01/2024

9.b. Date To (mm/dd/yyyy) 08/30/2025

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) DA CUNHA ALVES

10.b. Given Name (First Name) Laurence

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 04/15/1954

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Rio de Janeiro

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Goias

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) GUARILHA ALVES

17.b. Given Name (First Name) Angela Maria

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 11/24/1952

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Rio de Janeiro

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Brasilia

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
Universidad del Norte

2.a. Street Number and Name Km. 5 Via Puerto Colombia

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town Barranquilla

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

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
Colombia

3. Your Occupation
Portuguese professor

4.a. Date From (mm/dd/yyyy) 07/01/2026

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

Employer 2

5. Name of Employer/Company
Universidad del Rosario

6.a. Street Number and Name Calle 12C # 6-25

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town Bogota

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

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
Colombia

Part 2. Information About Your Employment (continued)

7. Your Occupation: Portuguese teacher

8.a. Date From (mm/dd/yyyy): 06/01/2026

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

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: N/A 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: 61920051705

4. Spouse Beneficiary's Mobile Telephone Number (if any): 61920051705

5. Spouse Beneficiary's Email Address (if any): viniciusguarilha04@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) ➡ VINICIUS GUARILHA ALVES

6.b. Date of Signature (mm/dd/yyyy): 08/20/2026

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) 08/20/2026

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) 08/20/2026

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): GUARILHA ALVES

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-

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

3.d.
12 Rue d' Alger, Apt B101, Nantes, 44100, France. From 09/01/2024, to 08/30/2025.
17 Rue Des Reformes, Apt 901, Nantes, 44100, France. From 09/01/2023 to 08/30/2024.
144 Kenrick St, Brighton, MA, 02135, USA. From 09/01/2022 to 07/30/2023.

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 1

4.d.
IBRACO. Calle 104 no. 15-31, Bogota, Colombia. Portuguese teacher. From 05/01/2025 to PRESENT
Nantes Universite. Chem. de la Censive du Tertre, Nantes, 44300, France. Portuguese teacher. From 09/01/2023 to 08/30/2025.
Boston College. 140 Commonwealth Ave, Chestnut Hill, MA, 02467, USA. French teacher assistant. From 09/01/2022 to 08/30/2023.
Middlebury College. 14 Old Chapel RD, Middlebury, VT, 05753, USA. Portuguese teacher assistant. From 09/01/2021 to 08/30/2022.

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

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

7.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Amanda Rose Coccia’s Identification Documents	
Amanda Rose Coccia's Birth Certificate	1-2
Amanda Rose Coccia's Valid Passport	3-16
Exhibit 2 - Vinicius Guarilha Alves’ Identification Documents	
Vinicius Guarilha Alves' Birth Certificate with English Translation	17-19
Vinicius Guarilha Alves' Italian Birth Certificate with English Translation	20-22
Vinicius Guarilha Alves' Valid Passport	23-39
Vinicius Guarilha Alves' Copy of I-94	40
Vinicius Guarilha Alves' B1/B2 U.S. Visa - 2012	41
Vinicius Guarilha Alves' J1 U.S. Visa - 2021	42
Vinicius Guarilha Alves' F1 U.S. Visa - 2022	43
Vinicius Guarilha Alves' B1/B2 U.S. Visa - 2024	44
Vinicius Guarilha Alves' J1 U.S. Visa - 2024	45
Exhibit 3 - Amanda Rose Coccia and Vinicius Guarilha Alves’ Marriage Certificate (American, Italian and Brazilian documents)	
Amanda Rose Coccia and Vinicius Guarilha Alves' American Marriage Certificate	46-47
Amanda Rose Coccia and Vinicius Guarilha Alves' Italian Marriage Certificate with English Translation	48-50
Amanda Rose Coccia and Vinicius Guarilha Alves' Brazilian Marriage Certificate with English	51-53

Translation

Exhibit 4 - Evidence of Bona Fide Marriage: Personal Declarations

Amanda Rose Coccia's Personal Declaration	54-60
Vinicius Guarilha Alves' Personal Declaration with English Translation	61-69

Exhibit 5 - Evidence of Bona Fide Marriage: Evidence of Joint Financial and Insurance Records

Joint Bank Account (Teacher's Federal Credit Union)	70
Joint Credit Card (Discover)	71
First Page of Joint Form 1040 (2025)	72
First Page of Joint Form 1040 (2024)	73
First Page of Joint Form 1040 (2023)	74
First Page of Joint Form 1040 (2022)	75
Joint Policy - Car Insurance (GEICO)	76-78

Exhibit 6 - Evidence of Bona Fide Marriage: Evidence of Joint Residence and Shared Household

Proof of Current Residence	79-81
Joint Lease Contract (Bogota, Colombia)	82-98
Joint Lease Contract (Nantes, France)	99-103
Joint Lease Contract (Boston)	104-107
Amanda Rose Coccia and Vinicius Guarilha Alves' Flights 2022-2026	108-140

Exhibit 7 - Evidence of Bona Fide Marriage: Documentation of Overseas Employments and Shared Relocations

Vinicius Guarilha Alves' Middlebury College Contract - 2021	141-144

Amanda Rose Coccia's Boston Acceptance Letter - 2022	145
Vinicius Guarilha Alves' Boston Acceptance Letter - 2022	146
Amanda Rose Coccia's Internship Agreement Accent Francais - 2023	147-155
Vinicius Guarilha Alves' Internship Agreement Accent Francais - 2023	156-160
Vinicius Guarilha Alves' Work Contract Nantes - 2023	161-165
Amanda Rose Coccia's Middlebury Portuguese School Contract - 2024	166-168
Vinicius Guarilha Alves' Middlebury Portuguese School Contract - 2024	169-171
Amanda Rose Coccia's Work Contract Nantes -2024	172-176
Vinicius Guarilha Alves' Work Contract Nantes - 2024	177-181
Vinicius Guarilha Alves' Educational Service Agreement Sobonne - 2025	182-184
Vinicius Guarilha Alves' Work Contract IBRACO - 2025	185-189

Exhibit 8 - Evidence of Bona Fide Marriage: Letters of Support

Letter of Support by Brianna Coccia	190-192
Letter of Support by Catherine Elizabeth Strait	193-194
Letter of Support by Paul P Lamb	195-197
Letter of Support by Pradeep Vesudevan	198
Letter of Support by Sofia Maria Leathers	199-200
Letter of Support by Tammy Grace Torelli	201-202
Letter of Support by Tracey E Schroeder	203-204
Letter of Support by Angela Maria Srur Guarilha Alves with English Translation	205-209

Letter of Support by Barbara Ribeiro de Oliveira Mendes with English Translation 210-214

Letter of Support by Laurence da Cunha Alves with English Translation 215-219

Letter of Support by Renata Barbosa Fontes with English Translation 220-224

Exhibit 9 - Evidence of Bona Fide Marriage: Photografic Evidence of Relationship

Photografic Evidence of Relationship 225-246

Exhibit 10 - Benjamin Leo Coccia Guarilha's Identification Documents (Amanda Rose Coccia and Vinicius Guarilha Alves' Child)

Benjamin Leo Coccia Guarilha's American Birth Certificate 247

Benjamin Leo Coccia Guarilha's French Birth Certificate with English Translation 248-250

Benjamin Leo Coccia Guarilha's Brazilian Birth Certificate with English Translation 251-255

Benjamin Leo Coccia Guarilha's American Passport 256

Benjamin Leo Coccia Guarilha's Brazilian Passport 257

Exhibit 11 - Evidence of Vinicius Guarilha Alves’ Good Moral Character

Vinicius Guarilha Alves' Brazilian Criminal Records with English Translation 258-260

Vinicius Guarilha Alves' French Criminal Records with English Translation 261-265

Exhibit 1 - Amanda Rose Coccia’s Identification Documents

Recorded District: 5151
Register Number: 4383

New York State Department of Health
CERTIFICATE OF LIVE BIRTH

State File Number

May the Social Security Administration be furnished with information from this form to issue your child a social security number? Yes☐ No☒
May the newspapers be furnished with notice of this birth? Yes☐ No☒
NOTE: If yes is checked there is a consent form signed by the mother in the hospital record.

INFANT

1A. Name: First / Middle / Last	1B. Medical Record No.:	2A. Date of Birth:	2B. Hour:
Amanda Rose COCCIA	30007236	Dec. 30, 1999	10:33AM

3. Sex:	4A. Birth is:	4B. If Not Single, Birth is:	5. Place of Birth:
Female	Triplet	First	Hospital

6A. Facility Name:	6B. Locality:	6C. County of Birth:
University Hospital	Town of Brookhaven	Suffolk

MOTHER

7A. Maiden Name: First / Middle / Last	7B. Date of Birth:	7C. City and State of Birth: (Country if not U.S.A.)	7D. Social Security NO.
Tracey Elaine Freeman	10/08/1967	Fort Myers,FL	264-83-9238

8A. Residence, State:	8B. County:	8C. Locality:	8D. If City or Village, is Residence Within City or Village Limits? (If no, specify town:)
New York	Suffolk	Town of Brookhaven	

8E. Street and Number of Residence:	8F. Zip Code:
1 Emily Ct	11763

8G. Mailing Address:	8H. Zip Code:	8I. Medical Record No.:
1 Emily Ct Medford NY	11763	00492228

FATHER

9A. Name: First / Middle / Last	9B. Date of Birth	9C. City and State if Birth: (Country, if not U.S.A.)	9D. Social Security No.
Michael Anthony Coccia	04/23/1961	Bronx,NY	087-52-1190

ATTENDANT

10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.
Signature ▶ [signature]

10B. Date Signed: Month / Day / Year	10C. Name of Certifier, if not Attendant:
12 / 30 / 99	

10D. Attendant's Name: First / Middle / Last	Title:	10E. License Number:
Philip Makowski	M.D.	126259

10F. Attendant's Mailing Address:	10G. Zip Code:
University Hospital Stony Brook,NY	11794

11A. Signature of the Registrar:	11B. Date Filed: Month / Day / Year	11C. Information Added or Amended: By: / Reason:	11D. Date Amended: Month / Day / Year
▶ Stanley Altar	03 / 17 / 00		

DOH-1963E (3/94)

9912 0245 A 04056 0

I hereby certify that this is a true
and correct certified copy of the
Certificate of Birth on file in the
Registrar's office of the Town of
Brookhaven, Patchogue, New York 11772

Stanley Allan
Registrar of Vital Statistics
Town of Brookhaven

Do not accept this copy unless
the Brookhaven Seal of Suffolk County
Brookhaven is affixed thereon.

O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave!



THE UNITED STATES OF AMERICA

...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.

A34255055

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A34255055

USA

Surname/Nom/Apellidos
COCCIA

Given names/Prénoms/Nombres
AMANDA ROSE



Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
30 DEC 1999

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
NEW YORK, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
09 APR 2024

Date of expiration/Date d'expiration/Fecha de caducidad
08 APR 2034

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE



P<USACOCCIA<<AMANDA<ROSE<<<<<<<<<<<<<<<<<<<<<<

A342550557USA9912304F3404089752660041<100310

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE
The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE
An image of the document holder is printed over security artwork.



MICROTEXT
"United States of America" is printed in microtext behind the Bearer's image.



WATERMARK
The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER
The passport number is perforated throughout the passport.



COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.



220225 4 E A

PERSONAL DATA AND EMERGENCY CONTACT

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

BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRÓNICO DEL TITULAR:

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

EN CAS D'URGENCE, PRIÈRE D'AVISER L'AMBASSADE OU LE CONSULAT DES ÉTATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMÉRICAINS DU DÉPARTMENT D'ETAT, AU 202-647-5225, AINSI QUE LA PERSONNE QUE VOUS DÉSIGNEZ CI-DESSOUS:

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MÁS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS, DEPARTAMENTO DE ESTADO, AL TELÉFONO 202-647-5225, Y A LA PERSONA QUE USTED INDIQUE A CONTINUACIÓN:

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Téléphone/Teléfono:

Email/Courrier électronique/Correo electrónico:

A34255055

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. 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, in person, or online at ***step.state.gov***.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP 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, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

IMPORTANT INFORMATION

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT ***TRAVEL.STATE.GOV/PASSPORTINFO*** FOR UP-TO-DATE INFORMATION

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

If your passport expires within six months of your date of departure, you may be denied entry into some countries.


POLÍCIA FEDERAL - BRASIL
27 05 24 0841
CLASS
PRAZO
POLÍCIA FEDERAL - BRASIL
19 06 24 0842
CLASS
PRAZO
Visas
31 10 24 SÃO PAULO
Visas
MIGRACIONCOL
17 DIC. 2025
MIGRACIONCOL BOG
29 AGO. 2025
MIGRACIONCOL
07 NOV. 2025
MIGRACIONCOL BOG
15 ENE 2026
Visas


BEAUVAIS-TILLE
D 266
26.10.24 50
28.08.25 32
MADRID - BARAJAS
A 171
01.09.24 26
ROISSY-CDG
B 427
03.09.24 26
NANTES ATLANTIQ.
L 411
VISA
FRA
610548276
EU
FRANCE/FRANCE/FRANCE FRA
FRANCE
01-09-24 31-08-25 XXX
D A34255056 MULT
WASHINGTON 24-06-24
COCCIA AMANDA ROSE
TRAVAILLEUR
TEMPORAIRE
PZ VLSTS
A VALIDER EN LIGNE
Signé :
Françoise BONIFAS
610548276
VDFRACOCCIA<<AMANDA<ROSE<<<<<<<<<<<
610548276 1USA9912304F2508315<M<<0901

12

This is a new nation, based on a mighty continent, of boundless possibilities.
Theodore Roosevelt

13

Visas

12

08.09.24 26
NANTES-ATLANTIQ
L 415

Visas

13



A34255055

14

Let us raise a standard to which the wise and honest can repair...
George Washington

15

Visas

Visas



16

The principle of free governments
It is bedded in it,

Visas

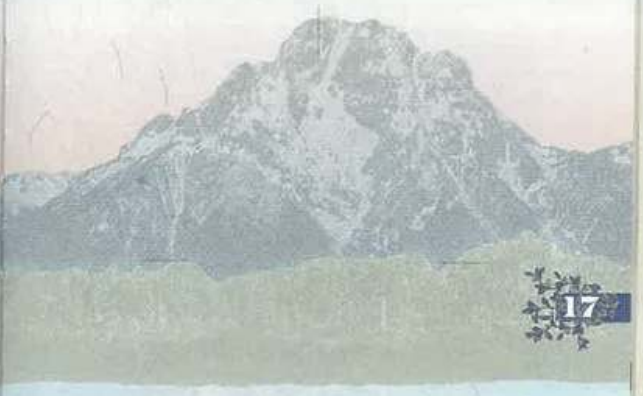


16

17

adheres to the American soil,
immovable as its mountains.
Daniel Webster

Visas



17

18

Whatever America hopes to bring to pass in the

Visas



18

AJ4259055A

world must first come to pass in the heart of America.
Dwight D. Eisenhower

19

Visas



19

AJ4259055

20

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

21

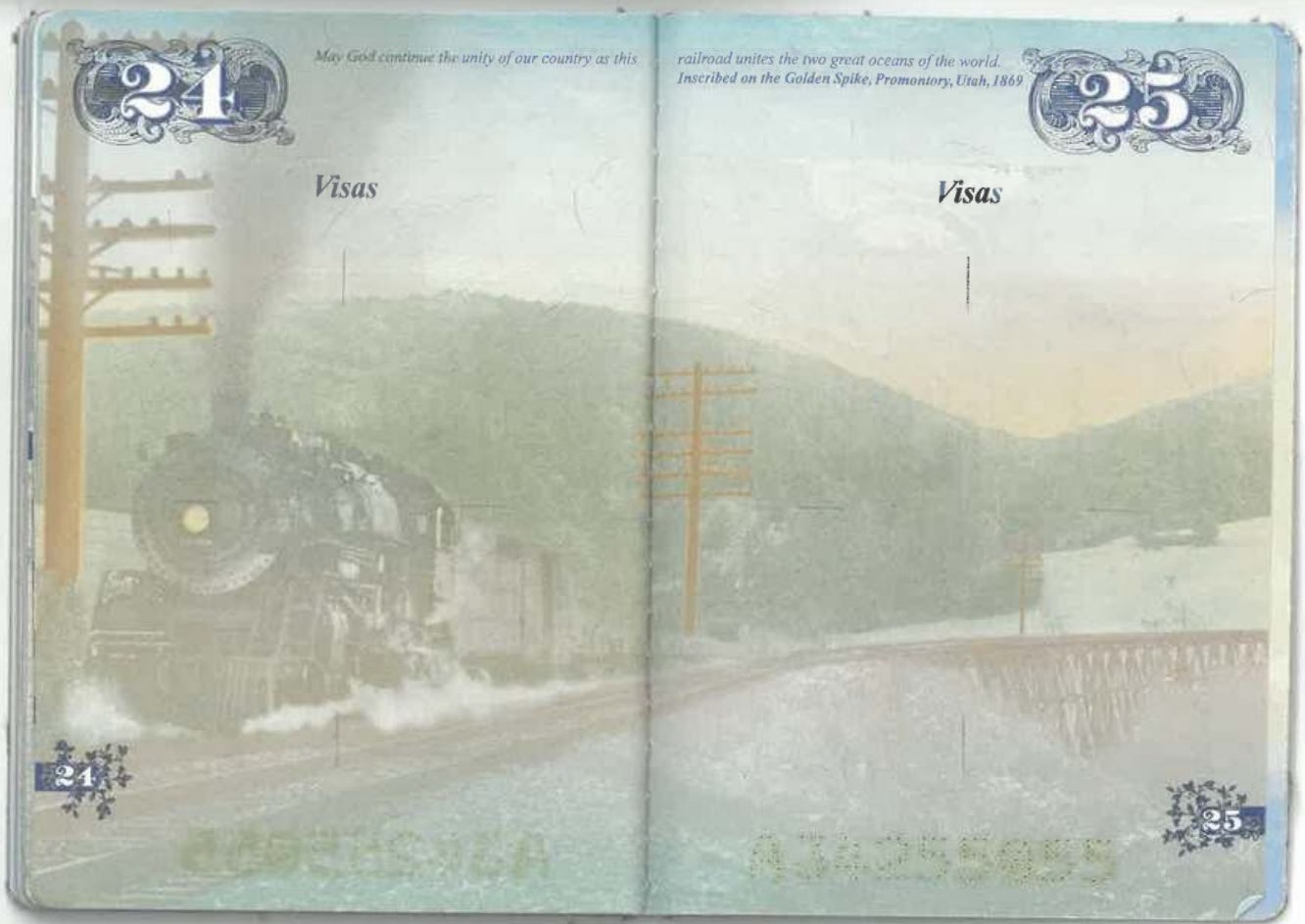
Visas

Visas






22
Every generation has the obligation
to look out from a higher
Visas
22
to free men's minds for a look at new worlds...
plateau than the last generation
Ellison S. Onizuka
23
Visas
23


24
May God continue the unity of our country as this
Visas
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
25
Visas
24
25


26
Visas
2024 — 08 19
2024 — 03 92
26
The cause of freedom is not the cause of a race or a sect, a party or a class – it is the cause of humankind, the very birthright of humanity.
~Anna Julia
A34255055

Exhibit 2 - Vinicius Guarilha Alves' Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME

VINICIUS GUARILHA ALVES

CPF

008.856.981-00

REGISTRATION

021238 01 55 1985 1 00156 123 0092645 13

DATE OF BIRTH IN FULL	Day	Month	Year
JUNE FOURTH, NINETEEN EIGHTY-FIVE	04	06	1985

TIME OF BIRTH	CITY OF BIRTH
11:45 AM	BRASÍLIA/FEDERAL DISTRICT

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
Brasília/Federal District	BRASÍLIA GARRISON HOSPITAL-DF - BRASÍLIA/FEDERAL DISTRICT	male

FILIATION

Laurence da Cunha Alves, place of birth not informed, residing and domiciled in Brasília/Federal District.
Angela Maria Guarilha Alves, place of birth not informed, residing and domiciled in Brasília/Federal District.

GRANDPARENTS

Carlos Alberto Alves and Maria Rosa da Cunha Alves;
Carlos da Fonseca Guarilha and Geny Srur Guarilha.

TWIN	NAME AND REGISTRATION OF THE TWINS
NO	----------

DATE OF REGISTRATION IN (FULL)	NUMBER OF LIVE BIRTH CERTIFICATE
JUNE ELEVENTH, NINETEEN EIGHTY-FIVE	No record

ANNOTATIONS / NOTES TO BE ADDED

No record

REGISTRATION NOTES

ZIP Code	No record		Blood Type	No record

The registration notes above do not exempt the interested party from presenting the original document when required by the requesting agency or when necessary for the identification of the holder.

Name of the Office: 1st Civil Registry Office of Natural and Legal Persons and Registry of Titles and Documents
MARCELO RIBAS REGISTRY OFFICE
Registrar: Marcelo Caetano Ribas
City: Brasília / Federal District
Address: SCS Square 08 - Block B-60, Room 140/E
ZIP Code: 70333-900 Phone: (61) 3224-4026
Email: cartoriomribas-df@terra.com.br
Seal No. TJDFT20220210060224LXWI
To verify, access: www.tjdft.jus.br

The content of this certificate is true. I certify.
Brasília-Federal District, September 13, 2022

----//signature//----
Registrar

Diógenes Adriano de Lima Souza
Deputy Clerk

BA 016299103 BRP

ARPENBRASIL

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: July 24, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME

VINICIUS GUARILHA ALVES

CPF
008.856.981-00

MATRÍCULA
021238 01 55 1985 1 00156 123 0092645 13

DATA DE NASCIMENTO POR EXTENSO
QUATRO DE JUNHO DE UM MIL E NOVECENTOS E OITENTA E CINCO

Dia	Mês	Ano
04	06	1985

HORA DE NASCIMENTO
11:45

NATURALIDADE
BRASÍLIA/DF

MUNICÍPIO DE REGISTRO E UNIDADE DE FEDERAÇÃO
Brasília/DF

LOCAL, MUNICÍPIO DE NASCIMENTO E UF
HOSPITAL DE GUARNIÇÃO DE BRASÍLIA-DF - BRASÍLIA/DF

SEXO
masculino

FILIAÇÃO
Laurence da Cunha Alves, naturalidade não informada, residente e domiciliado em , Brasília/DF.
Angela Maria Guarilha Alves, naturalidade não informada, residente e domiciliado em , Brasília/DF.

AVÓS
Carlos Alberto Alves e Maria Rosa da Cunha Alves;
Carlos da Fonseca Guarilha e Geny Srur Guarilha.

GÊMEOS
NÃO

NOME E MATRÍCULA DOS GÊMEOS

DATA DO REGISTRO DE NASCIMENTO (POR EXTENSO)
ONZE DE JUNHO DE UM MIL E NOVECENTOS E OITENTA E CINCO

Nº DA DNV/DECLARAÇÃO DE NASCIDO VIVO
Não Informado

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
Nada consta

ANOTAÇÕES DE CADASTRO

CEP Residencial	Não informado	Grupo Sanguíneo	Não Informado

As anotações de cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

Nome do Ofício: 1º Ofício de Registro Civil das Pessoas Naturais e Jurídicas e Registro de Títulos e Documentos
CARTÓRIO MARCELO RIBAS
Oficial Registrador: Marcelo Caetano Ribas
Município: Brasília / DF
End.: SCS Qd. 08 - Bloco B-60 Sala 140/E
Cep: 70.333-900 Fone: (61) 3224-4026
email: cartoriomribas-df@terra.com.br
Selo nº TJDFT20220210060224LXWI
Para consultar acesse www.tjdft.jus.br

O conteúdo da certidão é verdadeiro. Dou Fé.
Brasília-DF, 13 de setembro de 2022

Oficial

Diógenes Adriano de Lima Souza
Escrevente Substituto

Indústria Gráfica a serviço do Brasil

ARPENBRASIL
Associação Nacional dos Registradores de Pessoas Naturais

BA 01629910 3 BRP



MUNICIPALITY OF SAN MAURO CILENTO

(Province of Salerno)
Demographic Services Department
Via Serra 18, Tel. 0974/903161, Fax 0974/903303, Email: demografici.sanmaurocilento@asmepec.it

BIRTH CERTIFICATE

Art. 108 of Presidential Decree No. 396 of 11/3/2000
The Civil Status Officer
In accordance with the official records
CERTIFIES THAT

Surname: **GUARILHA ALVES**
Name: **VINICIUS**

Sex: MALE

Born on 06/04/1985, in BRASILIA – BRAZIL

Record No. 10, Part 2, Series C, Year 2025, SAN MAURO CILENTO (SA)
as recorded in the Civil Status Register of this Municipality
SAN MAURO CILENTO, December 30, 2025

[Stamp: Municipality of San Mauro Cilento – Province of Salerno]

The Civil Status Officer
Giovanna MARTUCCI
----//signature//----

This certificate may not be submitted to public-administration bodies or to private entities managing public services — Art. 15 of Law No. 183/2011.

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Italian 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: July 29, 2026.

Comune di San Mauro Cilento prot n. 0007919 del 30-12-2025 in partenza

COMUNE DI SAN MAURO CILENTO

(Provincia di Salerno)

Settore Servizi Demografici

Via Serra 18, tel. 0974/903161, fax 0974/903303, e-mail: demografici.sanmaurocilento@asmepec.it

CERTIFICATO DI NASCITA

Art. 108 D.P.R. 3.11.2000, n. 396

L'Ufficiale di Stato Civile

In conformità alle risultanze degli Atti

CERTIFICA CHE

Cognome: **GUARILHA ALVES**
Nome: **VINICIUS**

Sesso: MASCHILE

É nato il 04/06/1985 a BRASILIA - BRASILE
Atto N. 10 P. 2 S. B anno 2025 SAN MAURO CILENTO (SA)

come risulta dal registro di Stato Civile di questo Comune

SAN MAURO CILENTO, 30 dicembre 2025

L'Ufficiale di Stato Civile
Giovanna MARTUCCI

Il presente certificato non può essere prodotto agli organi della pubblica amministrazione o ai privati gestori di pubblici servizi - Art. 15 legge 183/2011





Vinicius Guarilha Alves

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

REPÚBLICA FEDERATIVA DO BRASIL

YF127746

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: PP
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YF127746

SOBRENOME / SURNAME
GUARILHA ALVES



NOME / GIVEN NAMES
VINICIUS

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
04 JUN/JUN 1985

CPF / PERSONAL NUMBER
008856981-00

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
BRASÍLIA/DF

FILIAÇÃO / FILIATION
LAURENCE DA CUNHA ALVES

ANGELA MARIA GUARILHA ALVES



DATA DE EXPEDIÇÃO / DATE OF ISSUE
13 MAR/MAR 2025

VÁLIDO ATÉ / DATE OF EXPIRY
12 MAR/MAR 2035

AUTORIDADE / AUTHORITY
PARIS CG

PPBRAGUARILHA<ALVES<<VINICIUS<<<<<<<<<<<<<<<
YF127746<2BRA8506047M3503122008856981OO<<<34

4

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 États 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 mantem 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.

REPÚBLICA
FEDERATIVA
DO BRASIL

PAGOU
RS-Ouro 120.00
EUR 132.00
TEC 1.01.01.000.005
YF127746

13 MAR/MAR 2025
FABIO MENDES MARZANO
CÔNSUL-GERAL

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE FU379107. CANCELADO E DEVOLVIDO AO TITULAR.

CONSULADO-GERAL DO BRASIL EM PARIS

BRA

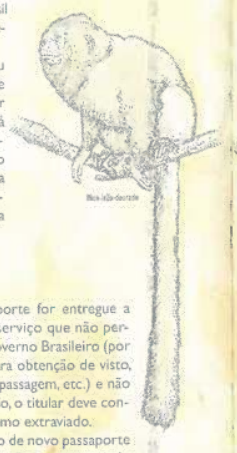
531033MT

FEDERATIVA
DO BRASIL

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.

REPÚBLICA FEDERATIVA DO BRASIL



É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. 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 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 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 de documentação pertinente prevista em lei.

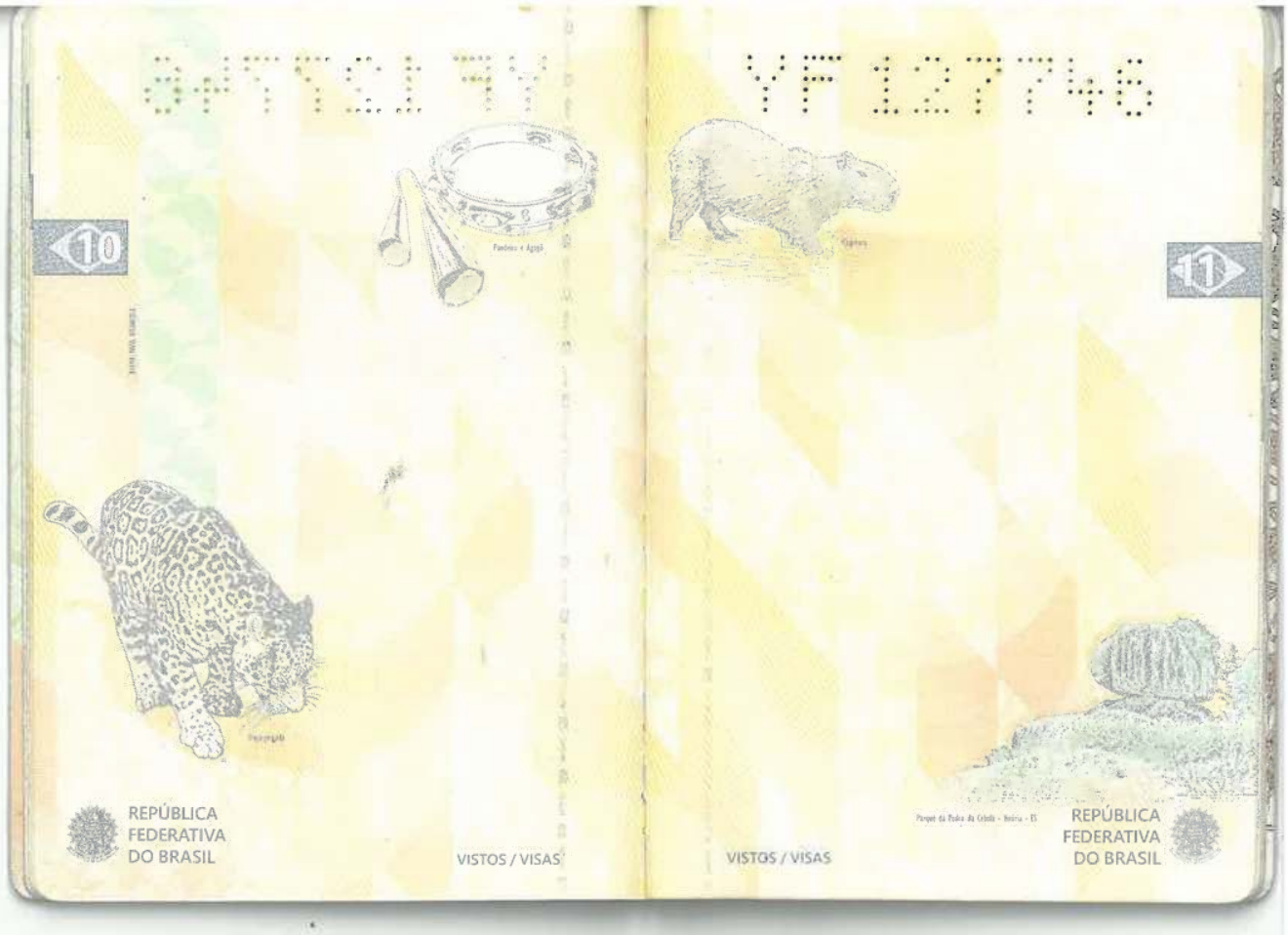
O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



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

REPÚBLICA FEDERATIVA DO BRASIL


YF127748
8
9
MIGRACIONCOL
BOG
29 AGO 2025
17 DIC. 2025
15 ENE. 2026
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS


YF127746
10
11
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


12
13
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS





REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS





VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL


16
17
ÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL

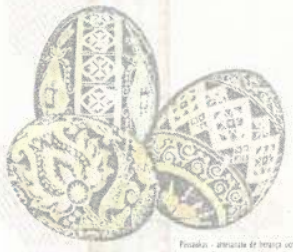

18
19
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


20
21
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS


22
23
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


24
25
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


26
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL
27



REPÚBLICA FEDERATIVA DO BRASIL



VISTOS / VISAS





VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL

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





REPÚBLICA FEDERATIVA DO BRASIL

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à 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





REPÚBLICA FEDERATIVA DO BRASIL



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-se de 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.



Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.

https://www.casadamoeda.gov.br/passaporcebrasileiro

REPÚBLICA FEDERATIVA DO BRASIL

BRA

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

For: **VINICIUS GUARILHA ALVES**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 082271476A5

Arrival/Issued Date: 2026 May 25

Class of Admission: B2

Admit Until Date: 2026 November 24

Details provided on the I-94 Information form:

Last/Surname: GUARILHA ALVES

First (Given) Name: VINICIUS

Birth Date: 1985 June 04

Document Number: yf127746

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 06/30/2026

VISA

UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20123451490002

Surname
GUARILHA ALVES

Given Name
VINICIUS

Visa Type /Class
R B1/B2

Passport Number
CY004685

Sex
M

Birth Date
04JUN1985

Nationality
BRZL

Entries
M

Issue Date
10DEC2012

Expiration Date
09DEC2022

0100

Annotation

H0152036

**

VNUSAGUARILHA<ALVES<<VINICIUS<<<<<<<<<<<<<<<

CY004685<5BRA8506047M2212094B3SPL1HZUZ561134

VISTOS VISAS

ROISSY-CDG
B 427
01.09.24 26

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
ANY
7858

26.10.24 50
BEAUVAIS-TILLE
D 266

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BUCHAREST

Control Number
20212018380001

Surname
GUARILHA ALVES

Given Name
VINICIUS

Visa Type/Class
R J1

Passport Number
FU179107

Sex
M

Birth Date
04JUN1985

Nationality
BRZL

Entries
M

Issue Date
22JUL2021

Expiration Date
19JUL2022

1000

Annotation
N0032179383 P-1-00068
MIDDLEBURY COLLEGE
BEARER IS NOT SUBJECT TO SECTION
TWO YEAR RULE DOES NOT APPLY (BRASIL)

R0423785

**

VNUSAGUARILHA<ALVES<<VINICIUS<<<<<<<<<<<<<<<
FU179107<4BRA8506047M2207191J1BCHOEZCH361152

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NYC
AUG 05 2022
Class F1
Until D/S
7628
10

VISTOS 25 VISAS

POLÍCIA FEDERAL
19 06 24 0 8 4 2
CLAS

LISBOA

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20221615630008

Surname
GUARILHA ALVES

Given Name
VINICIUS

Visa Type /Class
R F1

Passport Number
FU179107

Sex
M

Birth Date
04JUN1985

Nationality
BRZL

Entries
M

Issue Date
15JUN2022

Expiration Date
09JUN2026

0100

Annotation
N0033136770
BOSTON COLLEGE

R4644961

**

VNUSAGUARILHA<ALVES<<VINICIUS<<<<<<<<<<<<<<<

FU179107<4BRA8506047M2606093F1BRAOQG6N361153

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
MAY 14 2024
B2
NOV 13, 2024

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NYC
JAN 05 2022
Class J1
Until D/S

VISTOS 23 VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
PARIS

Control Number
20233629250033

Surname
GUARILHA ALVES

Given Name
VINICIUS

Visa Type /Class
R B1/B2

Passport Number
FU179107

Sex
M

Birth Date
04JUN1985

Nationality
BRZL

Entries
M

Issue Date
25JAN2024

Expiration Date
18JAN2034

0100

Annotation

U3751721

**

VNUSAGUARILHA<ALVES<<VINICIUS<<<<<<<<<<<<<<<

FU179107<4BRA8506047M3401181B3PRSOP2QU361153

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NYC
JUN 19 2024
Class
Until
126629
10

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
PARIS

Control Number
20241030920003

Surname
GUARILHA ALVES

Given Name
VINICIUS

Visa Type /Class
R J1

Passport Number
FU179107

Sex
M

Birth Date
04JUN1985

Nationality
BRZL

Entries
M

Issue Date
16APR2024

Expiration Date
17AUG2024

1000

Annotation
N0035424310 P-1-00068
MIDDLEBURY COLLEGE
BEARER IS NOT SUBJECT TO SECTION 212(e)
TWO YEAR RULE DOES NOT APPLY FRAN

U6495501

**

VNUSAGUARILHA<ALVES<<VINICIUS<<<<<<<<<<<<<<<
FU179107<4BRA8506047M2408172J1PRSOPDL8361151

Exhibit 3 - Amanda Rose Coccia and Vinicius Guarilha Alves' Marriage Certificate (American, Italian and Brazilian documents)

STATE OF VERMONT
CERTIFICATION OF VITAL RECORD

4-PHS-MARLIC-2019

DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

VERMONT LICENSE AND CERTIFICATE OF CIVIL MARRIAGE

STATE FILE NUMBER

TYPE OR PRINT IN BLACK INK

APPLICANT A ☒ BRIDE ☐ GROOM ☐ SPOUSE (check one)

1a. LEGAL NAME (First, Middle, Last)	1b. LAST NAME AT BIRTH (Maiden Surname)
Amanda Rose Coccia	Coccia

2. SEX	3. DATE OF BIRTH (Month, Day, Year)	4. BIRTHPLACE (State or Foreign Country)
Female	December 30, 1999	New York

5a. RESIDENCE ADDRESS (Number and Street)	5b. CITY OR TOWN OF RESIDENCE
1 Emily Court	Medford
5c. STATE OF RESIDENCE	**5d. COUNTRY OF RESIDENCE**
New York	United States

6a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	6b. BIRTHPLACE (State or Foreign Country)
Michael Anthony Coccia	New York
7a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	**7b. BIRTHPLACE (State or Foreign Country)**
Tracey Elaine Freeman	Florida

APPLICANT B ☐ BRIDE ☒ GROOM ☐ SPOUSE (check one)

8a. LEGAL NAME (First, Middle, Last)	8b. LAST NAME AT BIRTH (Maiden Surname)
Vinicius Guarilha Alves	Guarilha Alves

9. SEX	10. DATE OF BIRTH (Month, Day, Year)	11. BIRTHPLACE (State or Foreign Country)
Male	June 4, 1985	Brazil

12a. RESIDENCE ADDRESS (Number and Street)	12b. CITY OR TOWN OF RESIDENCE
14 Old Chapel Road	Middlebury
12c. STATE OF RESIDENCE	**12d. COUNTRY OF RESIDENCE**
Vermont	United States

13a. FATHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	13b. BIRTHPLACE (State or Foreign Country)
Laurence Da Cunha Alves	Brazil
14a. MOTHER'S OR PARENT'S NAME (First, Middle, Last Name at Birth)	**14b. BIRTHPLACE (State or Foreign Country)**
Angela Maria Srur Guarilha	Brazil

We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of Vermont.

15a. SIGNATURE (Applicant A)	15b. DATE SIGNED	16a. SIGNATURE (Applicant B)	16b. DATE SIGNED
	3/28/2022	Vinicius Guarilha Alves	3/28/2022

CONFIRMATION I hereby confirm that the parties named above certified to the truth of the facts stated in the license application and complied with the marriage laws of this State.

17a. DATE ON WHICH LICENSE WAS ISSUED (Month, Day, Year)	17b. TOWN CLERK (Signature)
March 28, 2022	
17c. TOWN OR CITY	
Middlebury	
17d. THIS LICENSE IS VALID FROM March 28, 2022 (DATE) **TO** May 27, 2022 (DATE)	

OFFICIANT (See instructions on back)
This license authorizes the marriage IN VERMONT ONLY of the above named parties by any person duly authorized to perform a marriage.

18a. I CERTIFY THAT THE ABOVE PERSONS WERE MARRIED ON (Month, Day, Year)	18b. WHERE MARRIED – CITY OR TOWN
April 22nd 2022	Middlebury
18c. SIGNATURE OF PERSON PERFORMING CEREMONY	**18d. TITLE**
Margaret Funk Martin	J.P.
18e. NAME (Type/Print)	**18f. TELEPHONE NUMBER**
Margaret Funk Martin (Peg)	802 388-7697
18g. MAILING ADDRESS OF PERSON PERFORMING CEREMONY (Number and Street, City or Town, State, Zip Code)	
33 Seminary Street Middlebury, Vermont 05753	

REGISTRATION

19a. CLERK'S SIGNATURE	19b. DATE RECEIVED BY LOCAL REGISTRAR
Melissa Wright, Asst.	April 25, 2022
20a. TRUE COPY – (Clerk's Signature) ATTEST:	**20b. TOWN** / **20c. DATE**

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE INFORMATION ON THE ORIGINAL CERTIFICATE ON FILE IN THE VERMONT DEPARTMENT OF HEALTH OR CUSTODIAL AGENCY.

DATE ISSUED: APR 25 2022

ATTEST: Melissa Wright, Asst.

This copy not valid unless prepared on engraved border displaying state seal of Vermont.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VT0830380



MUNICIPALITY OF SAN MAURO CILENTO

(Province of Salerno)
Demographic Services Department
Via Serra 18, Tel. 0974/903161, Fax 0974/903303, Email: demografici.sanmaurocilento@asmepec.it

MARRIAGE CERTIFICATE

Art. 108 of Presidential Decree No. 396 of 11/3/2000
The Civil Status Officer
In accordance with the official records
CERTIFIES THAT

GUARILHA ALVES VINICIUS
Born on 06/04/1985, in BRASILIA – BRAZIL

and

COCCIA AMANDA ROSE
Born on 12/30/1999, in NEW YORK – UNITED STATES OF AMERICA

were married on 04/22/2022, in MIDDLEBURY, UNITED STATES OF AMERICA

Record No. 2, Part 2, Series C, Year 2025, SAN MAURO CILENTO
as recorded in the Civil Status Register of this Municipality
SAN MAURO CILENTO, December 30, 2025

[Stamp: Municipality of San Mauro Cilento – Province of Salerno]

The Civil Status Officer
Giovanna MARTUCCI
----//signature//----

This certificate may not be submitted to public-administration bodies or to private entities managing public services — Art. 15 of Law No. 183/2011.

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Italian 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: July 29, 2026.

Comune di San Mauro Cilento prot n. 0007919 del 30-12-2025 in partenza

COMUNE DI SAN MAURO CILENTO

(Provincia di Salerno)

Settore Servizi Demografici

Via Serra 18, tel. 0974/903161, fax 0974/903303, e-mail: demografici.sanmaurocilento@asmepec.it

CERTIFICATO DI MATRIMONIO

Art. 108 D.P.R. 3.11.2000 n. 396

L'Ufficiale di Stato Civile

In conformità alle risultanze degli Atti

CERTIFICA CHE

GUARILHA ALVES VINICIUS
Nato il 04/06/1985 a BRASILIA - BRASILE

e

COCCIA AMANDA ROSE
Nata il 30/12/1999 a NEW YORK - STATI UNITI D'AMERICA

hanno contratto matrimonio il 22/04/2022 in MIDDLEBURY - STATI UNITI D'AMERICA
Atto N. 2 P. 2 S. C anno 2025 SAN MAURO CILENTO

come risulta dal registro di Stato Civile di questo Comune

SAN MAURO CILENTO, 30 dicembre 2025

L'Ufficiale di Stato Civile
Giovanna MARTUCCI

Il presente certificato non può essere prodotto agli organi della pubblica amministrazione o ai privati gestori di pubblici servizi - Art. 15 legge 183/2011

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

NAMES:

VINICIUS GUARILHA ALVES AMANDA ROSE COCCIA

REGISTRATION:

021238 01 55 2022 7 00088 251 0020834 52

Full birth names, dates of birth, place of birth, nationality, and filiation of the spouses

VINICIUS GUARILHA ALVES, born on **June (6), fourth (4th), nineteen eighty-five (1985)**, in **Brasília, Federal District, Brazil-DF, Brazilian**, son of **Laurence da Cunha Alves** e **Angela Maria Guarilha Alves**. **AMANDA ROSE COCCIA**, born on **December (12), thirtieth (30th), nineteen ninety-nine (1999)**, in **Brookhaven, New York, United States-****, **American**, daughter of **Michael Anthony Coccia** and **Tracey Elaine Freeman**.

Date of marriage registration (In full)	Day	Month	Year
On November eighteenth, two thousand twenty-two	18	11	2022

Marital Property Regime

Property regime is governed by the provisions of Article 7, paragraph 4 of Decree No. 4,657/1942, Resolution 155/2012 - National Council of Justice (CNJ).

Name each spouse began to use (if changed)

VINICIUS GUARILHA ALVES
AMANDA ROSE COCCIA

Notes/Annotations

Marriage celebrated on 04/22/2022, before the Civil Registry Office in Middlebury, Vermont, United States. The marriage was registered at the Consulate of Brazil in Boston and transcribed in this Registry Office in accordance with §1, article 32 of Law 6015/73. Property regime is governed by the provisions of article 7, §4 of Decree No. 4657/1942, Resolution 155/2012 - CNJ

Name of the Office: 1st Civil Registry Office of Natural and Legal Persons and Registry of Titles and Documents
MARCELO RIBAS REGISTRY OFFICE
Registrar: Marcelo Caetano Ribas
City: Brasília / Federal District
Address: SCS Square 08 - Block B-60, Room 140/E
ZIP Code: 70333-900 Phone: (61) 3224-4026
Email: cartoriomribas-df@terra.com.br
Seal No. TJDFT20220210074873JVWM
To verify, access: www.tjdft.jus.br

The content of this certificate is true. I certify.
Brasília-Federal District, November 18, 2022

----//signature//----
Registrar

1ST CIVIL REGISTRY OFFICE
Marcus Antonio da Costa Oliveira
Deputy Clerk
BRASÍLIA **DF**

BA 01721054 7 BRP

ARPENBRASIL
NATIONAL ASSOCIATION OF NATURAL PERSONS REGISTRARS
ANOREG
Association of Notaries and Registrars of Brazil

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: July 24, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

NOMES:

VINICIUS GUARILHA ALVES e AMANDA ROSE COCCIA

MATRÍCULA:

021238 01 55 2022 7 00088 251 0020834 52

Nomes completos de solteiro, datas e locais de nascimento, nacionalidade e filiações dos cônjuges

VINICIUS GUARILHA ALVES, nascido(a) no dia **quatro (4) de junho (6) de um mil e novecentos e oitenta e cinco (1985)**, em **Brasília, Distrito Federal, Brasil-DF**, nacionalidade **brasileiro**, filho(a) de **Laurence da Cunha Alves** e **Angela Maria Guarilha Alves**.
AMANDA ROSE COCCIA, nascido(a) no dia **trinta (30) de dezembro (12) de um mil e novecentos e noventa e nove (1999)**, em **Brookhaven, Nova York, Estados Unidos-****, nacionalidade **norte-americana**, filho(a) de **Michael Anthony Coccia** e **Tracey Elaine Freeman**.

Data do registro do casamento (Por extenso)

	Dia	Mês	Ano
aos dezoito dias do mês de novembro do ano de dois mil e vinte e dois	18	11	2022

Regime de Bens do Casamento

Regime de bens aplica-se o disposto no art. 7º, §4º do Decreto nº 4657/1942, Res. 155/2012 - CNJ.

Nome que cada um dos cônjuges passou a utilizar (quando houver alteração)

VINICIUS GUARILHA ALVES
AMANDA ROSE COCCIA

Observações/Averbações

Casamento realizado em 22/04/2022, perante Oficial de Registro Civil em, Middlebury, Vermont, Estados Unidos.
O casamento foi registrado no Consulado do Brasil em Boston e transcrito neste Cartório de acordo com o §1º do art. 32 da Lei 6015/73. Regime de bens aplica-se o disposto no art. 7º, §4º do Decreto nº 4657/1942, Res. 155/2012 - CNJ.

Nome do Ofício: 1º Ofício de Registro Civil das Pessoas Naturais e Jurídicas e Registro de Títulos e Documentos
CARTÓRIO MARCELO RIBAS
Oficial Registrador: Marcelo Caetano Ribas
Município: Brasília / DF
End.: SCS Qd. 08 - Bloco B-60 Sala 140/E
Cep: 70.333-900 Fone: (61) 3224-4026
email: cartoriomribas-df@terra.com.br
Selo nº TJDFT20220210074873JVWM
Para consultar acesse www.tjdft.jus.br

O conteúdo da certidão é verdadeiro. Dou Fé.
Brasília-DF, 18 de novembro de 2022

Oficial
CARTÓRIO DO 1º OFÍCIO DE REGISTRO CIVIL
Marcus Antonio da Costa Oliveira
Escrev. Subst.
BRASÍLIA DF

ARPENBRASIL BA 01721054 7 BRP

Exhibit 4 - Evidence of Bona Fide Marriage: Personal Declarations

Amanda Rose Coccia
Calle 22D #72-38 Torre 1, Apartamento 901
Bogotá, Cundinamarca, Colombia 110931

May 18, 2026

To Whom it May Concern,

My name is Amanda Rose Coccia and I write today as part of the Green Card application process for my husband, Vinicius Guarilha Alves. Being born a United States citizen and having lived there my entire life up until August of 2024, we are excited to return to the US now as a family of three. Vinicius and I have been married for over four years and over that short period of time, we have lived many adventures together.

Our relationship first started on October 22nd, 2021 after we met at Middlebury College. Vinicius (Vini) was working as a Portuguese Teaching Assistant (TA) at the university as I was finishing my last year of studies and working as Manager of a program called Language Tables. It was through Language Tables that Vini and I first made contact as I was in charge of all communications between our program and the language TA's of the school. The first time that we officially met in person, Vinicius approached me and started to speak to me in French. For a while, we became French buddies and would meet up many times a week to watch French movies and have dinner in French. As he was in charge of all programming for the Portuguese section of the Spanish and Portuguese Department at Middlebury, he organized many different cultural events that I took part in as well since I had enjoyed attending Portuguese House events since my freshman year at Middlebury, even before knowing Vini. He also participated in many of the events that I organized for the French and Italian clubs as he had previously lived in France and was studying Italian at the time.

Our relationship evolved very fast. We matched so perfectly that our lives immediately molded together. Given that both of us have a passion for cultural events coordination, it was no surprise that I made it my duty to show Vini everything that our college and the state of Vermont had to offer. We made the most out of every second together, exploring other towns in Vermont, hosting parties and dinners with friends, going out to eat in town and best of all, cooking all sorts of things together and enjoying our time as a couple. We got together at a time when the world was just re-opening during the COVID-19 pandemic and with another surge that happened on campus, we spent more and more time in our intimate bubble, protecting ourselves against the spreading virus and getting to know each other very well very fast.

In November 2021, I went home to Long Island for Thanksgiving. Vini had already made plans for the break before we got together but was able to meet my dad on the final day of the week as

he flew into NYC before we drove back up together to Vermont. Although only my dad met him on that trip, my three sisters were shocked at the way I spoke about him and were so happy that I had found such the perfect man for me. He finally came to meet my family for Christmas of the same year and was immediately welcomed. I remember him getting emotional over how warmly he was received by my family, receiving Christmas presents from each and every person as we gave out our gifts as well. For New Years that year, we traveled to Guadeloupe, France for our first international trip together. Vini proposed to me on a small island in Guadeloupe where we had visited on a day-long boat trip. It was paradise.

We started to plan our future more seriously together. I decided that I wanted to learn more Portuguese to be able to communicate with my new Brazilian family (Vini's English was already perfect so there was no similar work needed to be done on his end). Since we were both quickly approaching the end of the school year, we started to make plans for after Middlebury. We booked a trip to Brazil. We both applied to a French Master's Degree program at Boston College. We also decided that no matter what, we would be with each other for the rest of our lives. On April 22, 2022, we signed the deal and got married in a gazebo behind the main church in downtown Middlebury. It was a beautiful and very intimate occasion. For our honeymoon, we decided there was nowhere better to spend it than to go to the capital of Vermont, Montpellier, named after a city in France, the country of the language of our original connection. We had a fantastic extended weekend, surrounded in a newlywed bliss that honestly has still never faded.

When I graduated Middlebury in May of 2022, my whole family came to visit. It was clear that Vini was already a perfectly integrated part of our family. My older sister Jessica was pregnant at the time and she and her husband had even requested that Vinicius and I be in charge of organizing a gender reveal for their son they would welcome to this world later that year in October of 2022. The way that Vini meshed into my family was only further proof that we had made the best decision to get married.

That summer, Vini and I traveled to Brazil and I met his family for the first time. I met his mom, dad, step parents, sisters, niece, aunt and cousin and with every single meeting, I was greeted with the warmest of embraces. Since the day I met them, and even before as we had video called various times, I could not be happier to call them my family too. During that trip, Vini showed me where he was born (Brasilia), where he grew up (Rio de Janeiro), and where we had worked for many years (São Paulo). It being my first time in Brazil, and in Latin America as a whole, Vini also showed me some amazing places like the waterfalls of Foz do Iguaçu and the beautiful city of Buenos Aires, Argentina.

Upon our return to the US, we moved into our first apartment together in Boston where we started to study and teach together as Teaching Fellows (TFs) in the French Language and Culture Masters Program. We made many friends amongst the other TFs in the French, Spanish

and Italian sections. We organized many dinners with them and even a trip where we brought everyone in our seven-seater minivan named Dino to Salem, MA. We spent Thanksgiving and Christmas of that year on Long Island with my family. During our time in Boston, we even hosted my dad, older sister Jessica, nephew Adam, and sister Brianna at different moments to our first home together.

In May of 2023, upon completing our first year of the MA program, we organized our wedding ceremony in the backyard of my older sister's house on Long Island. Every detail was personally chosen by us and the whole celebration was exactly the way we wanted it to be: intimate, beautiful and family-oriented. We had friends and family from all over the world come to celebrate with us, Vini's dad Laurence and stepmom Lucia came from Brazil, my grandparents came from Georgia, our friend Gaby from Mexico, our friend Rui from Portugal, and many other friends from Middlebury and family members from Long Island. The ceremony was officiated by my childhood Sunday School teacher and mentor, Mrs. Tammy who had since become a pastor herself. Vini and I set up the whole celebration together with the help of our families. Every detail was chosen to represent us from the mostly vegetarian menu (we are both vegetarians) to the wedding cheesecake from our favorite grocery store (Costco) to the thank-you party favors of Brazilian fudge balls which we made and packaged by hand the nights prior to the celebration.

After our wedding we headed to our second honeymoon destination, Montpellier- this time in France. A couple of months prior, we had made the toughest decision of our lives. Vinicius had received a job opportunity to work as a Portuguese Lecturer at the Portuguese Department of Nantes University… in France. After long discussions, we decided that this was an opportunity that he could not refuse as he had been reaching for it for many years and it would be essential to his resumé as a Portuguese Teacher. At the same time, finishing my MA in French was essential to my career as a French Teacher. Taking this into account, as well as the fact that Vinicius already held his MA in Teaching Portuguese, we decided he would put his studies at Boston College on hold and pursue this opportunity in France as I stayed in Boston and finished my last year of the program. So, after our wedding, we set off to France where we honeymooned for two weeks in Paris and other cities around Europe before heading down to Montpellier, where we had our summer job waiting for us. We had an incredible summer spending every second together working as cultural animators for a French school called Accent Français. There, we made many friends from all over the world. At the end of that same summer of 2023, we even traveled to Italy with my dad and disabled sister Christina who is particularly fond of Vini. This trip was the first time my dad and sister had ever left the United States and it couldn't have been to a more fitting place to honor our Italian descent, as well as Vini's. We, again, had a blast! However, all the fun had to come to an end when we parted ways in Paris at the end of August, 2023. I went back to our apartment in Boston and Vini went to Nantes to establish our new home there. From the very end of August, to mid-December we lived on other sides of the world but

changed our schedules completely to still talk to each other by phone or video call and constant text messages every single day. It was difficult to not be physically close during that time but honestly, we were so in-the-loop to each other's daily lives that it didn't seem that we were really that far. Finally, we reunited in mid-December and spent the holidays together. During that time, Vini showed me the amazing community he had joined in Nantes and we decided that it would be my goal to find a job there after my graduation. In mid-January 2024, we said goodbye again, this time for a shorter period. We traveled again in March of 2024 together to Cape Verde where we had another amazing week and decided that we had both achieved enough of what we wanted to achieve professionally before trying to start a family. With my MA under my belt and Vini's international teaching experience, we were ready to reunite in May and grow our family.

In May of 2024, Vinicius came back to Boston for my graduation at Boston College and we reconnected with many friends together. We went back to Brazil again that summer to celebrate with family before our next summer job together, this time back with Middlebury College in the US. We had a great time in Brazil, where Vini showed me even more exciting places like the Amazon Rainforest, and we had a great time with Vini's dad and stepmom who even welcomed my sister Brianna and her partner as they came to visit us in Brazil. After a final week of vacation feeling unwell, we ended our trip in the airport of Brasilia where I took a pregnancy test and we found out I was pregnant! We came back to the US and announced our pregnancy to our families who shared in our excitement.

Then, we once again moved back to Vermont for the summer to work at the Middlebury Summer Language Schools. Once again, we were colleagues and once again, we achieved some amazing things together that summer. Vinicius put on some amazing plays in Portuguese as a foreign language that I participated in and helped coordinate. My favorite part of the job was organizing a cooking club together as Vini and I both love to cook all the time at home. All the while, we started to go to our first pregnancy check-ups. By the time we finished our summer job, we did the test to find out the gender of our new baby. Upon returning to Long Island, we hosted another gender reveal party, this time for our own son. It was such a special moment that we got to spend with my family before we moved, this time together, to Nantes, France, where I had found a job as an English Lecturer at the same university Vini had been working at.

In Nantes, we made some amazing friends. We were known for the pancake parties we would throw for everyone. We organized Thanksgiving at our home with my colleagues from the English Department. We completely furnished our new home and set it up to receive our baby boy in February of 2025. We traveled to our final pre-baby destinations and hosted the most fun baby shower with all of our friends in Nantes.

On February 13, 2025, we welcomed our first son into this world, Benjamin Leo Coccia Guarilha. Before Ben, we didn't know how our love could grow any more. Since having him, our

love has amplified so many times over and we could not be more happy as the family of three we are today. Most of my family and Vini's dad and stepmom came to visit us in Nantes when Ben was born. We had the best time with them as we introduced them to our son and did what we love most, hosted them for dinners and showed them around the new place we called home.

Once the newborn bubble started to subside, we had to make plans for the next school year as Vini's contract was coming to an end. The position we worked at in the French public education system cannot be renewed for more than two years. Vini started to reach out to his network as I was still on maternity leave and recovering postpartum. Finally, a connection he had made while working as a Portuguese teacher at the Colombian Embassy in Brasilia pulled through and Vini received an offer at the Instituto de Cultura Brasil-Colombia (Cultural Institute Brazil-Colombia, otherwise known as IBRACO). IBRACO is a very important institution of Brazilian Portuguese education in the world and Vinicius was promised the possibility of a high level of collaboration within the institution due to his extensive experience. At Nantes University, it was impossible to open up a new position for Vinicius as the French laws are very strict and the Portuguese Department is so small that the head of the department wasn't able to open up a different kind of position than that which Vini had already completed even though he had successfully doubled student enrollment in the department's classes from one year to the next.

So, in August of 2025, we moved to Colombia. Here, we are a bit closer to both of our families, at the very least in terms of time zones. We still videocall extensively with our families every week. In December of 2025, we were able to travel to Brazil for the holidays with Vini's family and Ben got to know most of his Brazilian family for the first time. One week after writing this letter, we will travel to the USA for the first time since Ben was born for him to meet more of my family that wasn't able to make it to France. We will be spending Vini's birthday in New York with my family, as requested by him this year. We are so excited to go back to the US to visit and cannot wait to be able to move back permanently.

As language teachers, our experience abroad has been invaluable to our resumés. As a family, we miss being close to our families and most intimate support systems. We are ready to head back home, as was always the plan. This year, we applied to many positions in the United States and have even received a couple of job offers. Vinicius received two official offers that he unfortunately could not accept because neither institution was in a position to sponsor a working visa for him. Vini has so many doors open to him in the US as he has proven time and time again in every institution he has worked at in the US and abroad that his teaching style is extremely effective and is proven to increase student engagement and enrollment which are two things that are indispensable to any language department looking to truly educate and grow.

As we wait for this Green Card process to play out, we have decided we will move to Brazil before the end of this year to take one step closer to being with family. I truly believe our

experience in Brazil will be fantastic for our family and for our son who will be able to spend more time with his grandparents, aunts and cousins. Ultimately, however, Vinicius and I have always agreed that our lives would be spent mainly in the United States where we both have many life and career opportunities open to us. As a Portuguese teacher, Vinicius sees success in his life work mostly outside of Brazil. We dream of returning as a family to the US, hopefully to the Boston area where we lived and made the decision to grow our family. We know that our son Benjamin will have the best life in the US, surrounded by his loving grandparents, aunts and cousins who also cannot wait to be closer to him. We cannot wait to make that a reality.

Thank you for your time and consideration of our case in reading and reviewing this letter and our whole file. We are sincerely looking forward to going home. I declare under penalty of perjury that all information included in this letter is true and accurate to the best of my knowledge and belief. This is our story and I would be more than happy to discuss it further or answer any questions that may come up.

Cordially,



Amanda Rose Coccia
Phone: +57 301 722-8509
Email: amandacoccia@gmail.com

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A34255055



Surname/Nom/Apellidos
COCCIA

Given names/Prénoms/Nombres
AMANDA ROSE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
30 DEC 1999

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
NEW YORK, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
09 APR 2024

Date of expiration/Date d'expiration/Fecha de caducidad
08 APR 2034

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE



P<USACOCCIA<<AMANDA<ROSE<<<<<<<<<<<<<<<<<<<<

A342550557USA9912304F3404089752660041<100310

Vinicius Guarilha Alves
Calle 22D # 72 - 38, Tower 1, Apartment 901Bogota,
Cundinamarca, Colombia
+573017231373
viniciusguarilha04@gmail.com
May 17, 2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

In 2021, I was living in Cluj-Napoca, Romania, where I worked as a Portuguese instructor at a university. In mid-March of that year, I received an incredible job offer: to be a Portuguese Teaching Assistant at Middlebury College in Vermont. I didn't think twice and accepted the position. Little did I know that my life was about to be transformed forever. Upon arriving in Middlebury, everything was very new to me, even though I had already visited the United States a few times as a tourist. In the first few weeks, I had to quickly learn how the American higher education system works, how a college functions, and this entire wonderful universe of endless possibilities that only American universities offer.

After about a month, I met a very friendly, beautiful, and hardworking red-haired girl. She was the head of the Language Tables, a daily event at the dining halls where language students and assistants have lunch together, practice the language, and build community. Having lunch with the Portuguese students every day, I found out that this girl's name was Amanda and that she was a double major in French and Italian. I thought, "She must be as passionate about languages as I am!". One day, during breakfast at the dining hall, I approached her and greeted her in French, since I had already lived in France and done my university studies there. Amanda was surprised that I spoke French, because everyone knew me as the Portuguese TA. From that day on, our friendship grew very quickly. We would have breakfast and dinner together in the booths at Proctor dining hall, talking about cultures, France, Italy, and our lives. Amanda is Italian-American, and I am Italian-Brazilian. Because of yet another coincidence, I started studying Italian, and Amanda would help me with assignments and vocabulary acquisition. Even though I love English and speak it very well, we were now conversing primarily in French and Italian!

It didn't take long for us to realize that this friendship was beginning to turn into something more. Since the Middlebury campus is located in a very isolated place, human connections are very important and develop in a very intense and beautiful way. We talked every night in person and before going to sleep via WhatsApp. We watched movies and cooked recipes from Italy and France on a weekly basis. This

cooking habit and hobby united us from the very beginning. On one of those cold Vermont autumn/winter nights, we went out for a walk around campus, and our hands met. Holding hands, our hearts raced, and soon came our first kiss. It was October 22, 2021.

From that day on, we were never apart. We both knew we had found true love and our soulmate. A few weeks later, during Thanksgiving break, I traveled to Long Island to meet my father-in-law. I was welcomed by him with all the affection in the world, and this only gave me more certainty that this relationship was for life. We returned to Middlebury, and our routine remained the same: studying, cooking together, walking hand in hand, and chatting with our mutual friends. A month later, in December 2021, after spending Christmas with Amanda's entire family, we took our first international trip. We went to Guadeloupe, a French island in the Caribbean Sea. There, I asked her if she would marry me, and the answer was a resounding: “Yes!”. Four months later, on April 22, 2022, we got married in a very simple and beautiful ceremony at the gazebo in Middlebury’s central square. Just me, Amanda, and the officiant. Our honeymoon couldn’t have been in a more symbolic place: Montpelier, the capital of Vermont, which was named in honor of the city of Montpellier in France.

I already knew Amanda's entire family, and now it was time for her to meet mine too. In June 2022, we went to Brazil for the first time, visiting several cities: Brasília, Goiânia, Rio de Janeiro, São Paulo, and Foz do Iguaçu. We also traveled to Buenos Aires, Argentina. All of my family and friends were charmed by Amanda and happy for our union. After nearly 40 days of traveling, we returned to the United States for a new stage: we were both accepted into a master's program in French literature at Boston College! We lived very close to campus and walked together every day. We were both master's students and Teaching Fellows in the French department. We studied together and prepared the classes we would teach to our students. Our home on Kenrick Street was always full of friends and joy. We cooked for many people, and our home was a magical and welcoming place.

At that time, besides being a French TF at Boston College along with Amanda, I also taught Portuguese for Rola Languages at Everett High Schools. Despite loving the French language, my greatest passion has always been teaching Portuguese, my native language. That is why in April 2023, I made the most difficult decision of my life: I accepted an offer to be a Portuguese instructor at the University of Nantes, in France. But why was accepting this offer so difficult? Because it meant that I would have to move to France and not continue into the second year of the master's program at Boston College with Amanda. It meant that I would not live in the United States, a country I learned to love, for 2 years! After a long conversation and reflection, Amanda and I decided that I would go to Nantes to fulfill this life dream and she would stay in Boston to finish her master's degree. Our agreement was that as soon as she finished her master's degree, she would move in with me there. At that

moment, we decided to have a second wedding ceremony, this time with many people and a big party. Jessica, Amanda's older sister, offered her house and backyard in Long Island for this celebration on May 21, 2023. Amanda's entire family, as well as my father and stepmother, were there, in addition to friends who flew in from Mexico and Portugal. The day after the wedding, we went together to Europe, where we would spend the summer working before living through this period away from each other. We spent two weeks on a second honeymoon traveling around Europe before going to the city of Montpellier, France, because we were both hired as polyglot cultural coordinators for the Accent Français language school in Montpellier, France! Many coincidences and the certainty that we were doing the right thing. It was a summer of intense work, but also a lot of fun and new friends. After this job in France, we still had the joy of taking a trip to Italy with my father-in-law Michael, who was born in the Bronx, and my sister-in-law Christina. It was very moving to witness their first international trip, precisely to a destination that connects them so deeply with their identity, Italy. Once the trip was over, it was time to say goodbye. Amanda would return to Boston to finish her master's degree, and I would head to Nantes, where I would take up the position of Portuguese instructor at the university.

Those were very difficult months because of the physical separation, but we made video calls at least 2 or 3 times a day. My work was going very well, and I even made good friends in that city. Amanda and I went almost 4 months without seeing each other in person (from August to December), but at no point did I stop feeling her daily presence in my life. In December 2023, Amanda came to visit me in Nantes, and we took the opportunity to travel to Portugal. We spent a month together until she returned to Boston in mid-January. After that, another 2 months of physical distance until we traveled to Cabo Verde, Africa, in March 2024. Right after that, in May 2024, it was my turn to go to Boston and watch Amanda's graduation at Boston College! Following graduation, another trip to Brazil, where we went to the Amazon, Lençóis Maranhenses, Brasília, and Goiânia. And it was in Brazil that we found out Amanda was pregnant with our first child. At the airport, before boarding our flight back to the United States, we bought a pregnancy test and it came back positive. It was an indescribable joy!

It was June 2024, and we returned to the United States for a wonderful summer job together at the Middlebury Language Schools. Now we weren't just 2, but 3! I would be a Portuguese instructor and Amanda a bilingual Portuguese-English assistant. The summer was fantastic, and we soon found out that the fruit of our love was a boy, and we named him Benjamin. At the end of the summer, we embarked on a new adventure once again: Amanda would be an English instructor at the same university as me in Nantes! Coworkers once more. Our home in France was another magical place, where friends were welcomed and very well fed with our American, Brazilian, Italian, and French recipes. We hosted many of Amanda's American coworkers, and English was always spoken in our home. Work continued very

harmoniously, and Amanda's belly began to grow. When we had our first ultrasound in France, we had a surprise: Ben only had 3 fingers on his left hand. Otherwise, everything was normal and healthy. He was born strong and healthy in February 2025 at the Jules Verne Clinic in Nantes. Amanda's father, mother, and sisters came to visit us to meet him, as did my father and stepmother. It was a time of great communion.

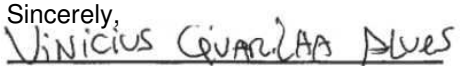
Amanda went on maternity leave for almost 3 months, and I was able to spend practically 2 months without working to take care of them. This was very important for us as a family, as I had time to enjoy fatherhood and also plan our next phase, given that my teaching contract was coming to an end and there was no legal possibility to renew it in any other city in France. We really wanted to return to the United States, and I received great offers from American universities, but since I did not yet have a work permit or a green card, we had to opt for a temporary solution. It was at this moment that I received an offer to be an instructor at one of the most important Brazilian cultural institutes in the world, IBRACO, in Bogota, Colombia. With a good financial and career progression offer, it could be a good option so that only I would work and Amanda could take care of Ben full-time. Once again, we talked and concluded that it was a good solution, furthermore, we would have an experience in a Hispanic country and could improve our Spanish. In August 2025, we sold everything and came to Bogota. Our plan has always been to stay only 1 year in Colombia and then apply for a green card for Brazil, where all my family is. This way, before making our final move to the United States, Ben could spend some time in the Brazilian culture and live with his grandparents.

Now in May/June 2026, we are going to spend a month on vacation in the United States, visiting Amanda's grandmother in Georgia and her entire family in Long Island. It will be Benjamin's first time visiting his country.

After so many adventures in different countries, we have absolutely no doubt that the best place for us to raise our Brazilian-American son is the United States, a country I deeply admire and love for its history, values, and culture. After all these years of study and preparation, I believe I am ready to contribute all my skills and talents to the American nation.

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

Sincerely,



Vinicius Guarilha Alves

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: August 6, 2026.

Vinicius Guarilha Alves
Calle 22D # 72 - 38 Torre 1, apartamento 901
Bogotá, Cundinamarca, Colômbia
+573017231373
viniciusguarilha04@gmail.com
17 de maio de 2026

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Em 2021, eu vivia em Clujnapoca, Romênia, onde trabalhava como professor de português em uma universidade. Em meados de março desse ano, recebi uma proposta de trabalho incrível: ser Teaching Assistant de português no Middlebury College em Vermont. Eu não pensei duas vezes e aceitei essa vaga de emprego. Mal sabia eu que a minha vida estava a um passo de ser transformada para sempre. Ao chegar em Middlebury, tudo foi muito novo para mim, apesar de eu já ter visitado os Estados Unidos algumas vezes como turista. Nas primeiras semanas, tive que aprender rapidamente como é o sistema de ensino superior americano, como funciona um college e todo esse universo maravilhoso de infinitas possibilidades que apenas as universidades americanas oferecem.

Após mais ou menos um mês, conheci uma garota ruiva muito simpática, bonita e trabalhadora. Ela era a chefe do Language Tables, um evento que acontece diariamente nos dining halls para que os alunos de línguas e assistentes dessas línguas almocem juntos, pratiquem o idioma e criem comunidade. Almoçando todos os dias com os alunos de português, eu descobri que o nome dessa garota chefe do evento era Amanda e que ela era double major em francês e italiano. Eu pensei: “Ela deve ser tão apaixonada por línguas quanto eu!”. Um dia, no café da manhã do dining hall eu me aproximei e a cumprimentei em francês, pois eu já havia morado na França e feito os meus estudos universitários lá. A Amanda se surpreendeu pelo fato de eu falar francês, pois todos me conheciam como TA de português. A partir desse dia, nossa amizade cresceu muito rapidamente. Tomávamos café e jantávamos juntos nos booths do Proctor dining hall e conversávamos sobre culturas, sobre a França, a Itália e também sobre nossas vidas. A Amanda é ítalo-americana e eu sou ítalo-brasileiro. Por mais essa coincidência, eu passei a estudar italiano e a Amanda me ajudava nas tarefas e na aquisição de vocabulário. Apesar de eu adorar inglês e falar muito bem, agora estávamos conversando principalmente em francês e italiano!

Não demorou muito para percebermos que aquela amizade estava começando a se transformar em algo mais. Como o campus do Middlebury está situado em um lugar muito isolado, as conexões humanas são muito importantes e se desenvolvem de uma maneira bem intensa e bonita. Conversávamos todas as noites presencialmente e antes de dormir pelo whatsapp. Assistíamos filmes e cozinhavamos receitas da Itália e da França semanalmente. Esse hábito e hobby de

cozinhar nos uniu desde o princípio. Numa dessas noites frias do outono/inverno de Vermont, nós saímos para uma caminhada pelo campus e nossas mãos se encontraram. De mãos dadas, o nosso coração acelerou e logo veio o nosso primeiro beijo. Era o dia 22 de outubro de 2021.

A partir desse dia, nunca mais nos separamos. Ambos sabíamos que havíamos encontrado o amor verdadeiro e a nossa alma gêmea. Algumas semanas depois, durante a pausa de Thanksgiving, eu viajei até Long Island para conhecer o meu sogro. Fui recebido por ele com todo o carinho do mundo e isso só me deu mais certeza de que esse relacionamento era para a vida toda. Voltamos para Middlebury e a nossa rotina continuou a mesma: estudos, cozinhar juntos, passear de mãos dadas e conversar com nossos amigos em comum. Um mês depois, em dezembro de 2021, após passarmos o Natal com a família toda da Amanda, fizemos a nossa primeira viagem internacional. Fomos para Guadeloupe, uma ilha francesa no mar do Caribe. Lá, eu perguntei se ela aceitava se casar comigo e a resposta foi um sonoro: “Sim!”. Após 4 meses, no dia 22 de abril de 2022, nos casamos em uma cerimônia muito simples e bonita no gazebo da praça central de Middlebury. Apenas eu, Amanda e a mulher responsável pela cerimônia. Nossa lua de mel não poderia ter sido em um lugar mais representativo: Montpellier, capital de Vermont, que foi nomeada assim em homenagem à cidade de Montpellier na França.

Eu já conhecia toda a família da Amanda e agora era hora de ela conhecer a minha também. Em junho de 2022 fomos pela primeira vez ao Brasil, passando por várias cidades: Brasília, Goiânia, Rio de Janeiro, São Paulo e Foz do Iguaçu. Viajamos também para Buenos Aires, na Argentina. Toda a minha família e amigos ficaram encantados com a Amanda e felizes por nossa união. Após quase 40 dias de viagem, voltamos para os Estados Unidos para uma nova etapa: ambos fomos aceitos em um mestrado em literatura francesa no Boston College! Morávamos bem próximo ao campus e caminhávamos juntos todos os dias. Éramos os dois alunos do mestrado e Teaching Fellows do departamento de francês. Estudávamos juntos e preparávamos juntos as aulas que daremos aos alunos. Nossa casa na Kenrick Street estava sempre cheia de amigos e de alegria. Nós cozinhávamos para muitas pessoas e o nosso lar era um lugar mágico e acolhedor.

Nesse momento, além de ser TF de francês do Boston College junto com a Amanda, eu também ensinava português para a Rola Languages no Everett High Schools. Apesar de adorar a língua francesa, a minha maior paixão sempre foi ensinar português, minha língua nativa. Foi por isso que em abril de 2023, eu tomei a decisão mais difícil da minha vida: aceitei uma proposta para ser professor de português na Universidade de Nantes, na França. Mas por que aceitar essa proposta foi tão difícil? Porque isso significava que eu teria que me mudar para a França e não continuar no segundo ano do mestrado em Boston College com a Amanda. Significava que eu não moraria mais nos Estados Unidos, país que aprendi a amar, durante 2 anos! Após uma longa conversa e reflexão, a Amanda e eu decidimos que eu iria para Nantes realizar esse sonho de vida e ela ficaria em Boston para terminar o seu mestrado. O nosso acordo foi que assim que ela terminasse o mestrado, ela iria morar comigo lá. Nesse momento decidimos fazer

uma segunda cerimônia de casamento, dessa vez com muitas pessoas e uma grande festa. A Jessica, irmã mais velha da Amanda, cedeu a sua casa e quintal em Long Island para essa celebração no dia 21 de maio de 2023. Toda a família da Amanda e o meu pai e madrasta estiveram lá, além de amigos que voaram do México e de Portugal. No dia seguinte ao casamento, fomos juntos para a Europa, onde passaríamos o verão trabalhando antes de vivermos esse período longe um do outro. Passamos duas semanas de segunda lua de mel viajando pela Europa antes de irmos para a cidade de Montpellier, França, pois ambos fomos contratados como animadores culturais poliglotas para a escola de francês Accent Français, em Montpellier, França! Muitas coincidências e a certeza de que estávamos fazendo a coisa certa. Foi um verão de intenso trabalho, mas também de muita diversão e novos amigos. Após esse trabalho na França, ainda tivemos a alegria de fazer uma viagem para a Itália com meu sogro Michael, que nasceu no Bronx, e a minha cunhada Christina. Foi muito emocionante presenciar a primeira viagem internacional deles, justamente para um destino que os conecta tanto com a sua identidade, a Itália. Terminada a viagem, era hora da despedida. A Amanda voltaria para Boston para terminar o seu mestrado e eu seguiria para Nantes, onde ocuparia o cargo de professor de português na universidade.

Foram meses bastante difíceis por causa da separação física, mas nós fazíamos videochamadas pelo menos 2 ou 3 vezes por dia. O meu trabalho seguia muito bem e eu até fiz bons amigos nessa cidade. Eu e a Amanda ficamos quase 4 meses sem nos vermos presencialmente (de agosto até dezembro), mas em nenhum momento eu deixei de sentir a presença dela diariamente em minha vida. Em dezembro de 2023, a Amanda foi me visitar em Nantes e nós aproveitamos para viajar para Portugal. Passamos um mês juntos até que ela retornou a Boston em meados de janeiro. Em seguida, mais 2 meses de distância física até viajarmos para Cabo Verde, África, em março de 2024. Logo após isso, em maio de 2024, foi a minha vez de ir para Boston e assistir à graduation da Amanda no Boston College! Após a formatura, uma nova viagem ao Brasil, onde fomos à Amazônia, aos Lençois Maranhenses, Brasília e Goiânia. E foi no Brasil que descobrimos que a Amanda estava grávida do nosso primeiro filho. No aeroporto, antes de embarcarmos de volta aos Estados Unidos, compramos um teste de gravidez e ele deu positivo. Foi uma alegria indescritível!

Era junho de 2024 e agora voltamos aos Estados Unidos para um lindo trabalho juntos de verão no Middlebury Language Schools. Agora não éramos 2, mas 3! Eu seria professor de português e a Amanda assistente bilingue português-inglês. O verão foi fantástico e logo descobrimos que o fruto do nosso amor era um menino e demos o nome de Benjamin. Ao final do verão novamente embarcamos para uma nova aventura: a Amanda seria professora de inglês na mesma universidade que eu em Nantes! Novamente colegas de trabalho. Nossa casa na França era um outro lugar mágico, onde amigos eram acolhidos e muito bem alimentados com nossas receitas americanas, brasileiras, italianas e francesas. Recebíamos muitos colegas de trabalho americanos da Amanda, e em nossa casa sempre se falava inglês. O trabalho seguia muito harmonioso e a barriga da

Amanda começava a crescer. Ao fazer o primeiro ultrassom na França, tivemos uma surpresa: o Ben só tinha 3 dedinhos na mão esquerda. De resto, tudo estava normal e saudável. Ele nasceu forte e saudável em fevereiro de 2025 na Clínica Jules Verne, em Nantes. O pai, a mãe e as irmãs da Amanda foram nos visitar para conhecê-lo, assim como o meu pai e a minha madrasta. Foi um momento de grande comunhão.

A Amanda saiu de licença maternidade por quase 3 meses e eu pude ficar praticamente 2 meses sem trabalhar para cuidar deles. Isso foi muito importante para nós como família, pois tive tempo para aproveitar a paternidade e também planejar o nosso próximo período, visto que o meu contrato de professor estava chegando ao fim e não havia nenhuma possibilidade legal de renová-lo em nenhuma outra cidade da França. Queríamos muito voltar aos Estados Unidos e eu recebi ótimas propostas de universidades americanas, mas como eu ainda não tinha a permissão para trabalhar nem o green card, tivemos que optar por uma solução temporária. Foi nesse momento que recebi a proposta para ser professor em um dos institutos culturais brasileiros mais importantes do mundo, o IBRACO, em Bogotá, Colômbia. Com uma boa proposta financeira e de progressão de carreira, poderia ser uma boa opção para que somente eu trabalhasse e a Amanda pudesse cuidar do Ben integralmente. Novamente conversamos e chegamos à conclusão de que era uma boa solução, além de que teríamos uma experiência em um país hispânico e poderíamos aperfeiçoar o nosso espanhol. Em agosto de 2025, vendemos tudo e viemos para Bogotá. Nosso plano sempre foi ficar apenas 1 ano na Colômbia e depois aplicar para o green card do Brasil, onde toda a minha família está. Dessa forma, antes de fazermos a nossa mudança definitiva para os Estados Unidos, o Ben poderia passar algum tempo na cultura brasileira e viver com os avós.

Agora em maio/junho de 2026 vamos passar um mês de férias nos Estados Unidos visitando a avó da Amanda na Georgia e toda a sua família em Long Island. Será a primeira vez que o Benjamin vai conhecer o seu país.

Após tantas aventuras em países diferentes, não nos resta qualquer dúvida que o melhor lugar para que possamos criar o nosso filho brasileiro-americano seja os Estados Unidos, país que admiro e amo profundamente por sua história, valores e cultura. Após todos esses anos de estudo e preparação, acredito que estou preparado para contribuir com todas as minhas habilidades e talentos em prol da nação americana.

Declaro, sob pena de perjúrio, que as informações acima são verdadeiras e corretas de acordo com o meu conhecimento e crença.

Atenciosamente,

Vinicius Guarilha Alves

Vinicius Guarilha Alves

Exhibit 5 - Evidence of Bona Fide Marriage: Evidence of Joint Financial and Insurance Records

TEACHERS federal credit union

PO Box 9005
Smithtown, NY 11787-9005

ADDRESS SERVICE REQUESTED

AMANDA R COCCIA
VINICIUS GUARILHA ALVES
1 EMILY CT
MEDFORD NY 11763

Statement Ending 03/31/2026

AMANDA R COCCIA

Member Number: **333873**

Managing Your Accounts

ABA Routing #	221475786
Phone Number	(631) 698-7000 within New York area. (800) 341-4333 outside New York area
Main Office	102 Motor Parkway, Hauppauge, NY 11788
Mail	PO Box 9005, Smithtown, NY 11787-9005
Online	https://www.teachersfcu.org

Account Balances At A Glance

Account Type	Number	Ending Balance
Regular Savings	6010873156	$1,003.41
Total Current Value		**$1,003.41**

ALL ACCOUNTS, EXCEPT SHARE DRAFT ACCOUNTS, ARE NOT TRANSFERABLE AS DEFINED IN REGULATION D

Regular Savings - 6010873156

Regular Savings

Account Summary

Date	Description	Amount
01/01/2026	**Begining Balance**	**$1,003.16**
	1 Credit(s) This Period	$0.25
	0 Debit(s) This Period	$0.00
03/31/2026	**Ending Balance**	**$1,003.41**

Interest Summary

Description	Amount
Annual Percentage Yield Earned	0.10%
Dividend Days	90
Dividends Paid This Period	$0.25
Dividends Paid Year-to-Date	$0.25
Dividends Withheld Year-to-Date	$0.00
Average Ledger Balance	$1,003.16

Account Activity

Post Date	Description	Debits	Credits	Balance
01/01/2026	**Begining Balance**			**$1,003.16**
03/31/2026	Credit Interest		$0.25	$1,003.41
03/31/2026	**Ending Balance**			**$1,003.41**

Daily Balances

Date	Amount	Date	Amount
01/01/2026	$1,003.16	03/31/2026	$1,003.41

Dividends Rate Changes

Dividends Rate As Of Date	Dividends Rate
01/01/2026	0.1000%



AMANDA R COCCIA
Discover it chrome Card
Account Ending in 6594

Manage Cards

Member Since
May 2018

Card Design
Discover it - Raspberry

Credit Line
$8,700

Authorized User
VINICIUS GUARILHA ALVES

Manage

EQUAL HOUSING LENDER

Member FDIC

©2026 Discover, a division of Capital One, N.A., Member FDIC

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
Amanda R	Coccia	050 90 0368
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Vinicius	Guarilha Alves	281 67 4497

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: Calle 22d 72-38 / T1 901

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code: Bogota

Foreign country name: Colombia Foreign province/state/county: Cundinamarca Foreign postal code: 110931

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status

Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☒ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): Vinicius Guarilha Alves

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ **Yes** ☒ **No**

Dependents

(see instructions)

If more than four dependents, see instructions and check here . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			**1a**	
b	Household employee wages not reported on Form(s) W-2			**1b**	
c	Tip income not reported on line 1a (see instructions)			**1c**	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			**1d**	
e	Taxable dependent care benefits from Form 2441, line 26			**1e**	
f	Employer-provided adoption benefits from Form 8839, line 31			**1f**	
g	Wages from Form 8919, line 6			**1g**	
h	Other earned income (see instructions). Enter type and amount:			**1h**	28,543.
i	Nontaxable combat pay election (see instructions)	**1i**			
z	Add lines 1a through 1h			**1z**	28,543.
2a	Tax-exempt interest	**2a**	**b** Taxable interest	**2b**	
3a	Qualified dividends	**3a**	**b** Ordinary dividends	**3b**	
c	Check if your child's dividends are included in **1** ☐ Line 3a		**2** ☐ Line 3b		
4a	IRA distributions	**4a**	**b** Taxable amount	**4b**	
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ QCD **3** ☐		
5a	Pensions and annuities	**5a**	**b** Taxable amount	**5b**	
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ PSO **3** ☐		
6a	Social security benefits	**6a**	**b** Taxable amount	**6b**	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			**7a**	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			**8**	-28,543.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			**9**	0.
10	Adjustments to income from Schedule 1, line 26			**10**	2,500.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			**11a**	-2,500.

Attach Sch. B if required.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20_____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Amanda R	Coccia	050 90 0368
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Vinicius	Guarilha Alves	281 67 4497

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 144 Kenrick St / 8

City, town, or post office. If you have a foreign address, also complete spaces below. State: Brighton / MA. ZIP code: 021353837

Foreign country name / Foreign province/state/county / Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☒ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): Vinicius Guarilha Alves

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	36,549.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	36,549.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	2,996.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	39,545.
10	Adjustments to income from Schedule 1, line 26			10	808.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	38,737.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	538.
14	Add lines 12 and 13			14	29,738.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	8,999.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ — See separate instructions.

Your first name and middle initial	Last name	Your social security number
Amanda R	Coccia	050 90 0368
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Vinicius	Guarilha Alves	281 67 4497

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
144 Kenrick St	8

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Brighton	MA	021353837

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	39,345.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	39,345.
2a	Tax-exempt interest	2a		b Taxable interest	2b	65.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	2,023.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	41,433.
10	Adjustments to income from Schedule 1, line 26				10	781.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	40,652.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	376.
14	Add lines 12 and 13				14	28,076.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	12,576.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
Amanda R	Coccia	050-90-0368
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Vinicius	Guarilha Alves	281-67-4497

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
144 Kenrick St	8

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Brighton	MA	021353837

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	37,639.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	37,639.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Other income from Schedule 1, line 10	8	2,456.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	40,095.
10	Adjustments to income from Schedule 1, line 26	10	171.
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	39,924.
12	**Standard deduction or itemized deductions** (from Schedule A)	12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	25,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	14,024.

GEICO
Government Employees Insurance Company

One GEICO Boulevard
Fredericksburg, VA 22412-0001

May 11, 2026

Amanda ROSE Coccia
144 KENRICK ST APT 8
BRIGHTON, MA 02135-3837

Policy Number: 6116571685
Company: Government Employees Insurance Company
NAIC: 22063

To Whom It May Concern:

This letter is to verify that the following individual(s) are listed as drivers and/or named insureds for the above referenced policy as of May 11, 2026:

Amanda Coccia

Vinicius Guarilha Alves

Please contact us if we may be of further assistance.

Sincerely,

GEICO Customer Service

POCDRV (12-15)

GEICO

Important Information

Here are your Policy Identification Cards
We've provided two (2) cards for each vehicle on your policy.

Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

If your address changes, update it using the app or log in to geico.com. By keeping your information up-to-date, you'll continue to receive important policy documents.

AMANDA R COCCIA AND VINICIUS
GUARILHA ALVES
144 KENRICK ST APT 8
BRIGHTON MA 02135-3837

Cut Along the Dotted Line

Massachusetts Insurance Identification Card

2008 CHRY TOWN&CNTRY
Vehicle ID No. 2A8HR54P28R818773

Policy Number	Effective Date	Expiration Date
6116-57-16-85	03/17/26	09/17/26

Named Insured(s) Amanda Rose Coccia
Vinicius Guarilha Alves

Please keep this ID card in your vehicle at all times.

You may be required to produce it upon demand of law enforcement.

GEICO

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2008 CHRY TOWN&CNTRY

Additional Drivers

Cut Along the Dotted Line

Massachusetts Insurance Identification Card

2008 CHRY TOWN&CNTRY
Vehicle ID No. 2A8HR54P28R818773

Policy Number	Effective Date	Expiration Date
6116-57-16-85	03/17/26	09/17/26

Named Insured(s) Amanda Rose Coccia
Vinicius Guarilha Alves

Please keep this ID card in your vehicle at all times.

You may be required to produce it upon demand of law enforcement.

GEICO

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2008 CHRY TOWN&CNTRY

Additional Drivers

GEICO

Need another form of proof of insurance?

You may need the Insurance Binder for most finance companies, dealerships or vehicle registrations.

Scan this code to get another form of proof of insurance immediately!

Cut Along the Dotted Line

2008 CHRY TOWN&CNTRY GEICO

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

If you're in an accident:

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

To report a claim

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

U4MA (06-20)

Cut Along the Dotted Line

2008 CHRY TOWN&CNTRY GEICO

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

If you're in an accident:

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

To report a claim

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

U4MA (06-20)

Exhibit 6 - Evidence of Bona Fide Marriage: Evidence of Joint Residence and Shared Household

SUPERGASBRAS

LP GAS CONSUMPTION BILL

CUSTOMER CODE 10774907

Account Holder: VINICIUS GUARILHA ALVES
Telephone: 62991077365
Email: laurence.alves@hotmail.com
Address: RUA LUZILANDIA LOT 01/16 BLOCK95, UNNUMBERED, BL C, APT. 1004
PARQUE AMAZONIA - GOIANIA/GO - 74840-620

KEEP YOUR INFORMATION UP TO DATE ON MY ACCOUNT PORTAL

TOTAL DUE
R$ 10.85

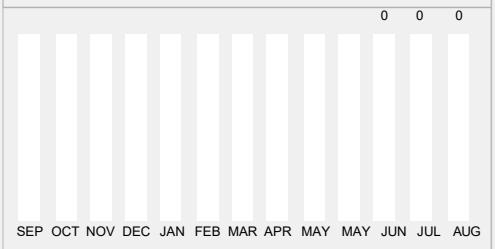
DUE DATE
09/15/2026

CONSUMPTION CALCULATION — ONLINE CALCULATOR

Current Reading (m3)	-	Previous Reading (m3)	=	Consumption (m3)	X	Conversion Factor	=	Total Billed (Kg)
08/07/2026 208.604		06/01/2026 208.591		0.013		2.32		0.030

Understand and simulate your bill calculation

CONSUMPTION HISTORY (KG)



DESCRIPTION	QUANT. (Kg)	PRICE (R$/Kg)	AMOUNT (R$)
Gas Consumption Period 06/2026	0.002	11.660	0.03
Gas Consumption Period 07/2026	0.000	11.660	0.00
Gas Consumption Period 08/2026	0.027	11.660	0.32
Individualized Metering Service Fee	3		10.50

Pay your bills via PIX through our Digital Channels: App and My Account Portal

Or enjoy the convenience and security of having your bill on automatic debit!
- Avoid paying interest and late fees due to forgetting the due date
- Avoid lines at banks and lottery houses

PARTNER BANKS: Itaú | Banco do Brasil | Banrisul | BRB | Bradesco| Santander

AUTOMATIC DEBIT
To enroll, change, or cancel automatic debit for your account, use the code: **8734337** and the company name **Supergasbras Energia Ltda**.

MY ACCOUNT PORTAL
Access the My Account Portal and find all our services. Your first-access password is your customer code.
minhaconta.supergasbras.com.br

WHATSAPP
Need to issue a duplicate bill or invoice directly from your phone? Send a WhatsApp message
(21) 98011-2323

QUESTIONS
4003 34 33
Capitals and metropolitan areas
0800 201 9000
Other locations

document no.	service point ID	ref.: month/year	billing date	issuing date
400024439219	1000172486	AUG/2026	08/10/2026	08/10/2026

Important Information

*Now you can pay your bills via PIX through our Digital Channels: App and My Account Portal.
*No outstanding debts as of the issuance of this bill.

Banco Itaú S.A. | **341-7** | **34191.09115 48719.792938 86201.070009 9 15700000001085**

Payment Location: **Pay via app, internet, or at branches and authorized payment agents**					Due Date: **09/15/2026**
Beneficiary: **Supergasbras Energia Ltda - CNPJ - 19.791.896/0002-83**					Branch/ Beneficiary Code: **2938/62010-7**
Document Date: **08/10/2026**	Document Number: **400024439219**	Document Type	Acceptance: **N**	Processing Date: **08/10/2026**	Our Number: **109/11487197-9**
Bank Use Only	Portfolio: **109** / Currency: **R$**	Quantity		Amount	(=)Document Amount: **R$ 10.85**

Instructions (Instructions are the responsibility of the beneficiary. For any questions about this payment slip, contact the beneficiary)
LATE CHARGES WILL BE APPLIED TO THE NEXT BILL

(-)Discount / Deduction

(-)Late Fee / Fine

(-)Amount Charged

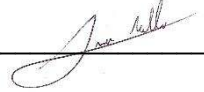
SUPERGASBRAS
www.supergasbras.com.br

Payer
Customer Code: 10774907 - VINICIUS GUARILHA ALVES
RUA LUZILANDIA LOT 01/16 BLOCK95, UNNUMBERED, BL C, APT. 1004
PARQUE AMAZONIA - GOIANIA/GO - 74840-620
Beneficiário final

CPF - 008.856.981-00

Mechanical Authentication Compensation Form

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



Date: August 12, 2026.

SUPERGASBRAS

CONTA DE CONSUMO DE GÁS LP

CÓDIGO DO CLIENTE 10774907

Titular: VINICIUS GUARILHA ALVES
Telefone: 62991077365
E-mail: laurence.alves@hotmail.com
Endereço: RUA LUZILANDIA LOTE 01/16 QUADRA95, Nº S/N, BL C, APTO 1004
PARQUE AMAZONIA - GOIANIA/GO - 74840-620

MANTENHA OS SEUS DADOS ATUALIZADOS NO PORTAL MINHA CONTA.

TOTAL A PAGAR
R$ 10,85
VENCIMENTO
15/09/2026

CÁLCULO DE CONSUMO — CALCULADORA ONLINE

Leitura atual (m3)		Leitura anterior (m3)		Consumo (m3)		Fator de Conversão		Total Faturado (Kg)
07/08/2026	-	01/06/2026	=		x		=	
208,604		208,591		0,013		2,32		0,030

Entenda e simule o cálculo da sua fatura.

HISTÓRICO DE CONSUMO (KG)



DESCRIÇÃO	QUANT. (Kg)	PREÇO (R$/Kg)	VALOR (R$)
Consumo de Gás Período 06/2026	0,002	11,660	0,03
Consumo de Gás Período 07/2026	0,000	11,660	0,00
Consumo de Gás Período 08/2026	0,027	11,660	0,32
Prestação de Serviço de Medição Individualizada	3		10,50

Pague suas faturas via PIX através dos nossos Canais Digitais: App e Portal Minha conta

Ou aproveite a comodidade e a segurança de ter a sua fatura em débito automático!
- Evite o pagamento de juros e mora pelo esquecimento da data de vencimento
- Evite filas em bancos e lotéricas

BANCOS CONVENIADOS: Itaú | Banco do Brasil | Banrisul | BRB | Bradesco| Santander

DÉBITO AUTOMÁTICO
Para cadastrar, alterar ou cancelar débito automático da sua conta, utilize o código **8734337** e a razão social Supergasbras Energia ltda.

PORTAL MINHA CONTA
Acesse o Portal Minha Conta e encontre todos os nossos serviços. Sua senha de primeiro acesso é o código do cliente.
minhaconta.supergasbras.com.br

WHATSAPP
Precisando emitir 2a via de fatura ou NF direto pelo celular? Mande um WhatsApp!
(21) 98011-2323

DÚVIDAS
4003 34 33
Capitais e regiões metropolitanas
0800 201 9000
Demais localidades

nº do documento	nº da instalação	ref.: mês/ano	Data de faturamento	Data de emissão
400024439219	1000172486	AGO/2026	10/08/2026	10/08/2026

informações importantes

*Agora você pode pagar suas faturas via Pix através dos nossos Canais Digitais: App e Portal Minha Conta.
*Sem débitos pendentes até a emissão desta fatura.

Itaú Banco Itaú S.A. | **341-7** | **34191.09115 48719.792938 86201.070009 9 15700000001085**

Local de Pagamento **Pague pelo aplicativo, internet ou em agências e correspondentes**					Vencimento **15/09/2026**
Beneficiário **Supergasbras Energia Ltda - CNPJ - 19.791.896/0002-83**					Agência/Código do Beneficiário **2938/62010-7**
Data do Documento **10/08/2026**	Número do Documento **400024439219**	Espécie Documento	Aceite **N**	Data Processamento **10/08/2026**	Nosso Número **109/11487197-9**
Uso do Banco	Carteira **109**	Espécie **R$**	Quantidade	Valor	(=)Valor do Documento **R$ 10,85**

Instruções (Instruções de responsabilidade do beneficiário.Qualquer dúvida sobre este boleto, contate o beneficiário)
ENCARGOS POR ATRASO SERÃO COBRADOS NA PRÓXIMA FATURA

SUPERGASBRAS
www.supergasbras.com.br

(-)Desconto/Abatimento
(-)Mora/Multa
(-)Valor Cobrado

Pagador
Cód. Cliente: 10774907 - VINICIUS GUARILHA ALVES
RUA LUZILANDIA LOTE 01/16 QUADRA95, Nº S/N, BL C, APTO 1004
PARQUE AMAZONIA - GOIANIA/GO - 74840-620
CPF - 008.856.981-00
Beneficiário final

Autenticação Mecânica - Ficha de Compensação

AGREEMENT FOR USE OF ELECTRONIC SIGNATURE

For the legalization of this document, THE COMPANY PARTIES – SIGNING USER(S) agree that, for such purpose, the documents shall be signed using the ELECTRONIC SIGNATURE mechanism, in accordance with Compilatory Decree 1074 of 2015, Chapter 47, and Decree 2364 of 2012, through mechanisms that meet the requirements set forth therein and that the PARTIES recognize as reliable and appropriate.

The PARTIES agree that the documents shall be signed through the ELECTRONIC SIGNATURE method of the PKI SERVICES SIGNATURE PLATFORM.

DOCUMENT SIGNED BY SIGNING USER(S):

Name	Last name	Type	Document	Signature Type:
ADRIANA	GARZON MOZO	ID CARD	1057785763	Voice Biometrics and ID Verification
VINICIUS	GUARILHA ALVES	PASSPORT	127746	Voice Biometrics and ID Verification

DOCUMENT SIGNED BY MR PROPIEDAD INMOBILIARIA S.A.S.:

Legal Representative	NIT*	Signature Type
MYREYA RODRIGUEZ SIERRA	900379325	Certified Email and Token Security

*NIT: Tax Identification Number

ATTACHED EVIDENCE

Attached to this document is the evidence of voice biometrics, identity verification, and certified email of THE COMPANY PARTIES – SIGNING USER(S).

This document has been electronically signed by PKI SERVICES using a digital certificate. If you wish to obtain more information about this certificate, you may consult it using a tool such as Adobe Reader, under the Signatures option, certificate details.

You may verify the validity of the document and the attached evidence at https://colombia.efirmaplus.com/verificar or by scanning the QR code.

URBAN RESIDENTIAL LEASE AGREEMENT

PLACE AND DATE OF THE AGREEMENT: Bogotá, D.C., September 1, 2025

LANDLORD: MR. PROPIEDAD INMOBILIARIA S.A.S., Tax Identification Number — NIT: 900.379.325-0, legally represented by MYREYA RODRIGUEZ SIERRA, identified with Colombian Citizenship ID Card No. 52.339.953, with M.A. 20100146, subject to the supervision of the Undersecretariat of Inspection, Surveillance, and Housing Control of the District Secretariat of Habitat, located at Calle 103 B No. 51-41, Office 302, Edificio María Luisa, Pasadena Neighborhood, Bogotá, D.C.

TENANT: VINICIUS GUARILHA ALVES, identified with Passport No. YF 127746, of Brazilian nationality

GENERAL TERMS AND CONDITIONS

FIRST: PURPOSE OF THE AGREEMENT: By means of this agreement, the Landlord grants THE TENANT the use and enjoyment of the property identified below by its address, in accordance with the inventory signed separately by the parties.

SECOND: PROPERTY ADDRESS: CALLE 22 D # 72- 38 TORRE 1 APARTAMENTO 901 GARAJE 347 CONJUNTO RESIDENCIAL EL JARDIN P.H., LOCALIDAD FONTIBON

THIRD: GENERAL BOUNDARIES:
NORTH:
SOUTH:
EAST:
WEST:
SPECIFIC BOUNDARIES:
NORTH:
SOUTH:
EAST:
WEST:
ZENITH:
NADIR:

USE: THE TENANT agrees to use this property exclusively as a **RESIDENCE. FIRST PARAGRAPH: THE TENANT** is prohibited from keeping or allowing to be kept inside the property livestock or flammable, toxic, unhealthy, explosive, or harmful items that may affect the preservation, hygiene, safety, and appearance of the property in general or of its permanent or temporary occupants. **SECOND PARAGRAPH: THE LANDLORD**, is authorized to visit the property when seeking to verify compliance with or observance of the obligations assumed by THE TENANT. **THIRD PARAGRAPH: THE LANDLORD**, expressly and strictly prohibits the use of the property for unlawful activities, especially for the purposes contemplated in Subparagraph B of the paragraph of Article 3 of Decree 180 of 1998 and Article 34 of Law 30 of 1986. Accordingly, **THE TENANT** agrees not to use the property subject to this agreement for concealment or human trafficking, webcam activities, Airbnb, or as a storage place for weapons, explosives, and/or money belonging to terrorist groups. Likewise, they declare that they shall not use the property for the production, storage, or sale of drugs or hallucinogenic substances. **FOURTH PARAGRAPH**: In the event that an infectious-contagious disease occurs inside the property, **THE TENANT** agrees to prevent its spread and to cover the disinfection expenses ordered by the health authorities**********

FOURTH: THE LANDLORD, expressly and strictly prohibits THE TENANT from using the property for the purposes contemplated in Subparagraph B of Paragraph 3 of Decree 180 of 1988 and Article 34 of Law 30 of 1986. Accordingly, THE TENANT agrees not to use the property subject to this agreement to conceal or store weapons, explosives, or funds belonging to terrorist groups, or for the production, storage, sale, or use of drugs therein. **********

FIFTH: RENT AMOUNT AND METHOD OF PAYMENT: TWO MILLION FOUR HUNDRED EIGHT THOUSAND COLOMBIAN PESOS LEGAL CURRENCY ($2,408,000) per month, payable in advance to the LANDLORD or to the Landlord's order within the first five (5) calendar days. In the event of default in payment of the rent, THE TENANT shall acknowledge and pay to the LANDLORD pre-legal and attorney's fees of 4% until the 10th day. If the rent payment is made after the 10th day of each month, THE TENANT agrees to pay 6% per month. These amounts shall be calculated on unpaid sums, without prejudice to any other actions available to the LANDLORD. **********

SIXTH: RENT INCREASES. Upon expiration of the first year of this agreement, and thereafter every twelve 12 monthly periods, in the event of tacit or express renewal, automatically and without the need for any notice between the parties, the monthly rent shall be increased by a proportion not exceeding 100% of the increase in the Consumer Price Index (CPI) during the immediately preceding calendar year. By signing this agreement, **THE TENANT** and the joint and several debtors are fully notified of all automatic adjustments agreed upon in this agreement and applicable during its term. **********

SEVENTH: EXPENSES: In the event of an **ASSIGNMENT OF THE LEASE AGREEMENT** requested by THE TENANT, and if authorization is granted by the LANDLORD, **THE TENANT** agrees to pay an amount corresponding to one current monthly rent payment, in addition to meeting the requirements imposed by the Landlord for such ASSIGNMENT. **********

EIGHTH: PLACE OF PAYMENT: Unless expressly agreed otherwise by the parties, **THE TENANT** shall pay the rent to **THE LANDLORD** through **PSE**, under an agreement entered into with Banco DAVIVIENDA, allowing collection of the rent payment and administration fee under the terms and conditions set forth in the documentation delivered to THE TENANT for such purpose. **********

NINTH: TERM OF THE AGREEMENT: Twelve (12) months, beginning on September 1, 2025, and ending on August 31, 2026. It is clarified that payment shall be prorated from the date of physical delivery of the property**********

TENTH: RENEWALS. This agreement shall be deemed renewed under the same conditions and for the same initial term, provided that each party has complied with its respective obligations and that THE TENANT agrees to the rent adjustments set forth in Clause Six and authorized under Law 820 of 2003. **********

ELEVENTH: PUBLIC UTILITIES DELIVERED AND TO BE PAID BY THE TENANT. 1. Electricity. 2. Water Supply, Sewerage, Garbage Collection, and Natural Gas. Such services are functioning properly according to the bills issued by each service provider. THE TENANT agrees to ensure payment of each public utility service and, in the event of disconnection, to assume payment for any applicable reconnections. THE TENANT may not carry out any type of installation or transfer of telephone lines without prior authorization from the **LANDLORD**. It is strictly prohibited to incur credit obligations with respect to the public utilities assigned to the property, such as Enel-Codensa, Vanti, etc., Any services installed by THE TENANT, such as cable TV, Internet, satellite telephone, etc., shall be at THE TENANT's expense and must be removed before delivery of the property, with presentation of the document evidencing transfer or cancellation of the service.

FIRST PARAGRAPH: If THE TENANT does not timely pay the public utilities for which the Tenant is responsible and, as a result, the respective public and/or private companies remove the meters corresponding to the property subject to this agreement, such fact shall be deemed a **BREACH** of the lease agreement, and the **LANDLORD** may demand judicial restitution of the property. **SECOND PARAGRAPH:** This document, together with the receipts paid by the Landlord, constitutes an enforceable instrument for judicial collection from THE TENANT and the Tenant's guarantors of any services left unpaid, provided that such amounts correspond to the period during which they had possession of the property. **********

TWELFTH: RELATED ITEMS OR USES: In addition to the property identified and described above, THE TENANT shall have the right of use and enjoyment over the following items and uses:

THIRTEENTH: ADMINISTRATION FEE: THE TENANT also agrees to pay the LANDLORD the amount of **THREE HUNDRED NINETY-TWO THOUSAND COLOMBIAN PESOS LEGAL CURRENCY ($392,000**), as a monthly administration fee, payable in advance within the first five (5) days of each monthly period together with the rent payment. It is understood that this amount shall be automatically adjusted on January 1 of each calendar year, without the need for any notice, according to the adjustments determined by the Owners' Assembly, in accordance with the Horizontal Property regulations governing the Building or Complex. However, if the co-ownership decides on an increase higher or lower than that indicated in this clause, **THE TENANT** shall be obligated to pay the adjustment established by the co-ownership. **THE TENANT** and the joint and several debtors expressly waive any notices required to place them in default with respect to this monetary obligation. **********

FOURTEENTH: THE TENANT, by mutual agreement, shall inform the **LANDLORD** of meetings and ordinary and extraordinary assemblies throughout the entire period of occupancy of the property and within the deadline established by the board itself. **********

FIFTEENTH: OBLIGATIONS OF THE TENANT (A): THE TENANT is obligated to maintain the property in the condition in which it was received and specifically agrees to: **1)** Pay the agreed rent within the deadlines provided in Clause Five of this agreement. **2)** Preserve the interior integrity of walls, ceilings, floors, bathroom finishes, gas appliances, kitchen cabinets, built-in furniture, and curtains. **3)** Change the locks of the main door upon moving into the property, for security purposes. **4)** Comply with the rules established in the internal Horizontal Property regulations, coexistence manual, and police regulations (It is recommended not to hold parties inside the property, produce excessive noise, especially at inappropriate hours, or occupy common areas or the area in front of the property with speakers, furniture, etc., that may affect the peace and quiet of the community). **5)** Timely pay residential public utilities, related and additional items or uses, as well as common expenses, even if the leased property is subject to the Horizontal Property regime. **6)** In the case of shared housing, THE TENANT is obligated to care for the common-use areas and services and to carry out, at the Tenant's own expense, any necessary repairs or replacements when attributable to the Tenant's own fault or that of the Tenant's dependents. **7)** Keep the interior and exterior parts of the property in serviceable condition and duly clean. **8)** Upon termination of the agreement, deliver the property painted. **9)** Timely and immediately inform the real estate agency by email at mrpropiedadinmobiliaria@gmail.com, with photos and/or videos, of any damages occurring in the property, such as dampness, mold, leaks, cracks, or plumbing emergencies. If THE TENANT does not timely inform the **LANDLORD** of such events, said damages shall be assumed by **THE TENANT. PARAGRAPH:** If THE TENANT has any type of pet, the Tenant shall be responsible for any damages caused by such pet to the property and agrees to replace the entirety of any damaged flooring installed in the property according to the inventory. **********

SIXTEENTH: PENALTY CLAUSE: The breach by either party of any clause of this agreement shall make the breaching party liable to the LANDLORD for an amount equivalent to three (3) times the monthly rent in effect at the time such breach occurs, as a penalty. It shall be understood, in any event, that payment of the penalty does not extinguish the principal obligation, and that the **LANDLORD** may simultaneously seek payment of the penalty and damages, if applicable. This agreement shall constitute sufficient prima facie evidence for collection of this penalty, and **THE TENANT** or the Tenant's joint and several debtors expressly waive any private or judicial notice required to place them in default for payment of this or any other obligation arising from the agreement. **********

SEVENTEENTH: NOTICES: THE TENANT and the joint and several debtors signing this agreement expressly waive the notices referred to in Articles 2007 of the Civil Code and 424 of the Code of Civil Procedure, and, in general, any notices established by any substantive or procedural rule for purposes of being placed in default. **********

EIGHTEENTH: PROCESSING OF PERSONAL DATA AND AUTHORIZATION: In compliance with the provisions of Law 1581 of 2012, we inform you that the personal data you provide pursuant to this lease agreement shall be processed by M.R PROPIEDAD INMOBILIARIA S.A.S. for the purpose of carrying out the agreement during all stages thereof. Specially for: a) Development of the contractual relationship between the Landlord and THE TENANT b) Updating and consultation of personal data C) Reporting and consultation of obligations before credit bureaus/risk information centers D) Making offers and providing service advice e) Conducting commercial and market campaigns regarding services related to leasing f) Measuring satisfaction levels g) Conducting market research h) Confirming personal and commercial references in accordance with the information provided by you i) Sending messages regarding the lease agreement by physical or electronic means, text message, or cell phone. M.R PROPIEDAD INMOBILIARIA S.A.S undertakes to implement the necessary measures to ensure proper processing of personal data and to comply with the provisions currently in force on the matter. The rights available to you as the data subject are those established in Law 1581 of 2012 (General Data Protection Law) and Law 1266 of 2008 (Special Law on Financial and Credit Habeas Data) which are summarized as the rights to update, rectify, cancel, and object to information, in accordance with the applicable regulations in force on the matter. Accordingly, by signing this agreement, THE TENANT and the JOINT AND SEVERAL DEBTOR confirm their full intent to EXPRESSLY AUTHORIZE the LANDLORD to process the personal data they have provided, either directly or through a risk assessment company. Likewise, they acknowledge that they are aware of their rights regarding data protection, which may be exercised by physical mail addressed to Calle 103B No. 51–41, Office 302, Edificio María Luisa, or by email at mrpropiedadinmobiliaria@gmail.com, Bogotá, Colombia. **********

NINETEENTH: PRIOR NOTICE FOR UNILATERAL TERMINATION: THE TENANT may unilaterally terminate the lease agreement as of the expiration date of the initial term or any renewals thereof, provided that prior written notice is given to the LANDLORD through the email address mrpropiedadinmobiliaria@gmail.com, at least three (3) months before the applicable expiration date. Unilateral termination by THE TENANT at any other time shall only be accepted upon prior payment of compensation equivalent to three (3) months of rent in effect at the time of delivery of the property. **********

TWENTIETH: GROUNDS FOR TERMINATION OF THE AGREEMENT: The following shall be grounds in favor of the LANDLORD a) Failure by THE TENANT to pay rent payments, administration fees, and adjustments within the term stipulated in the agreement. b). Failure to pay public utilities resulting in disconnection or loss of service, or failure to pay common expenses when payment thereof is the responsibility of THE TENANT c). Under no circumstances may **THE TENANT**

partially or totally sublease the property, nor use or possess the property for profit-making purposes and/or through the use of similar electronic or digital applications. Notice from the administration or any residents and/or security guards of the co-ownership shall constitute sufficient evidence to terminate the agreement immediately and require the respective restitution of the property. d). Repeated conduct by **THE TENANT** affecting the civic peace and quiet of neighbors, or use of the property for criminal acts or acts constituting violations, duly proven before the police authority. e). Making improvements, changes, or additions to the property without the express authorization of the Landlord, or total or partial destruction of the property or leased area by **THE TENANT** f). Violation by **THE TENANT** of the applicable Horizontal Property regulations when the housing unit is subject to such regime. g). The Landlord may unilaterally terminate the lease agreement during any renewal periods, by prior written notice addressed to **THE TENANT** through an authorized postal service, at least three (3) months in advance, and upon payment of compensation equivalent to three (3) months of rent. Once these conditions are met, **THE TENANT** shall be obligated to return the property. ********

TWENTY-FIRST: ASSIGNMENT OF RIGHTS: The contracting parties expressly stipulate that this agreement shall not form an integral part of any commercial establishment in the Commercial Registry and, therefore, the transfer of any such establishment that may be established in the property not only does not transfer any lease rights to the purchaser but also constitutes grounds for termination of the agreement. This is because THE TENANT expressly agrees not to assign, sublease, or transfer possession of the property. For legal purposes, this stipulation is equivalent to the objection referred to in Item 3 of Article 528 of the Commercial Code, such that THE TENANT's liability shall not cease upon transfer of the establishment, nor upon notice of transfer, nor even upon registration of the transfer in the Commercial Registry. PARAGRAPH: The LANDLORD may freely assign the rights arising from this agreement, and such assignment shall produce effects with respect to THE TENANT and the joint and several debtors as of the date of the certified communication by which they are notified of such assignment. **********

TWENTY-SECOND: RECEIPT AND CONDITION: THE TENANT declares that the property subject to this agreement has been received in good condition, in accordance with the inventory forming part hereof, and that the Tenant shall return it to the Landlord in the same condition upon termination of the lease or when it must cease for any of the grounds provided herein, except for deterioration resulting from time and legitimate use. *

TWENTY-THIRD: IMPROVEMENTS: THE TENANT may not make any type of improvements to the property, except for tenant repairs, without the written permission of the Landlord. If any improvements are made, they shall accrue to the owner of the property without compensation to the person who made them. THE TENANT expressly waives the right to deduct from the rent the value of indispensable repairs referred to in Article 27 of Law 820 of 2003. **********

TWENTY-FOURTH: JOINT AND SEVERAL DEBTOR: The undersigned

ADRIANA GARZON MOZO ******** identified with Colombian Citizenship ID Card No. 1.057.785.763 from Manzanares, Caldas**

By means of this document, I declare myself to be a joint, several, and indivisible debtor of THE LANDLORD together with THE TENANT, **VINICIUS GUARILHA ALVES, identified with Passport No. YF 127746, of BRAZILIAN NATIONALITY,** for all charges and obligations contained in this agreement, both during the initially agreed term and during any express or tacit extensions or renewals, until the actual return of the property to the Landlord. For the following: rents, public utilities, indemnities, damage to the property, administration fees, penalty clauses, and any other obligation arising from the agreement, which may be demanded by the Landlord from any of the obligated parties through enforcement proceedings, without the need for private or judicial notices, which we expressly waive. By reason of this joint and several liability, we do not assume the status of guarantor, nor of THE TENANT of the property subject to this agreement, since such status is assumed by**: VINICIUS**

GUARILHA ALVES identified with Passport No. YF 127746, of BRAZILIAN NATIONALITY and his respective successors-in-interest.
****

TWENTY-FIFTH: AUTHORIZATION: By express authorization, THE TENANT and the joint and several debtors expressly authorize the LANDLORD and any eventual assignee or subrogee to incorporate, report, process, and consult in Databases any information related to this agreement or arising therefrom. **********

TWENTY-SIXTH: OBLIGATIONS OF THE LANDLORD: The Landlord shall electronically issue a duly signed copy of this agreement to the participating parties through the email address provided, within a maximum period of ten (10) days counted from the date of execution of the agreement **********

TWENTY-SEVENTH: ABANDONMENT OF THE PROPERTY. By signing this agreement, THE TENANT expressly authorizes the LANDLORD to enter the property and recover possession thereof with only the requirement of the presence of two witnesses, in order to prevent deterioration or dismantling of the property, or whenever, for any reason, the property remains abandoned or uninhabited for a period of one month or threatens the physical integrity of the property or the safety of the neighborhood. The co-debtors shall have the same authority in the event of abandonment of the property for purposes of returning it to the Landlord. **********

TWENTY-EIGHTH: THE TENANT declares that the property subject to this agreement has been received in good condition, in accordance with the inventory forming part hereof, which is prepared upon delivery of the property, and that the Tenant shall return it to the Landlord in the same condition upon termination of the lease or when it must cease for any of the grounds provided herein, except for deterioration resulting from time and legitimate use **********

In witness whereof, this document is electronically signed by the parties on the eleventh (11th) day of August, two thousand twenty-five 2025

LANDLORD
MR. PROPIEDAD INMOBILIARIA S.A.S

TENANT

VINICIUS GUARILHA ALVES
Passport YF 127746
OF BRAZILIAN NATIONALITY
Cellphone: 3623680803
Email: viniciusguarilha04@gmail.com

JOINT AND SEVERAL DEBTOR

ADRIANA GARZON MOZO
ID Card 1.057.785.763 FROM BOGOTA
Cellphone: 3163566118
Add.: Calle 8 A # 1-119 Antioquia
Email: adrianagarzonmozo@gmail.com

AGREEMENT FOR USE OF ELECTRONIC SIGNATURE

For the legalization of this document, THE COMPANY PARTIES – SIGNING USER(S) agree that, for such purpose, the documents shall be signed using the ELECTRONIC SIGNATURE mechanism, in accordance with Compilatory Decree 1074 of 2015, Chapter 47, and Decree 2364 of 2012, through mechanisms that meet the requirements set forth therein and that the PARTIES recognize as reliable and appropriate.

The PARTIES agree that the documents shall be signed through the ELECTRONIC SIGNATURE method of the PKI SERVICES SIGNATURE PLATFORM.

DOCUMENT SIGNED BY SIGNING USER(S):

Name	Last name	Type	Document	Signature Type:
ADRIANA	GARZON MOZO	ID CARD	1057785763	Voice Biometrics and ID Verification
VINICIUS	GUARILHA ALVES	PASSPORT	127746	Voice Biometrics and ID Verification

DOCUMENT SIGNED BY MR PROPIEDAD INMOBILIARIA SAS:

Legal Representative	NIT	Type of Signature
MYREYA RODRIGUEZ SIERRA	900379325	Correo Certificado y Token Security

ATTACHED EVIDENCE

Attached to this document is the evidence of voice biometrics, identity verification, and certified email of THE COMPANY PARTIES – SIGNING USER(S).

This document has been electronically signed by PKI SERVICES using a digital certificate. If you wish to obtain more information about this certificate, you may consult it using a tool such as Adobe Reader, under the Signatures option, certificate details.

You may verify the validity of the document and the attached evidence at https://colombia.efirmaplus.com/verificar or by scanning the QR code.

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: July 27, 2026.**

ACUERDO PARA USO DE LA FIRMA ELECTRONICA

Para la legalización del presente documento, LAS PARTES EMPRESA – USUARIO(S) FIRMANTE(S) acuerdan que, para ello, serán firmados utilizando el mecanismo de FIRMA ELECTRÓNICA; de conformidad con el Decreto compilatorio 1074 de 2015 capitulo 47 y Decreto 2364 de 2012, mediante mecanismos que cumplen los requisitos allí contemplados y que las PARTES reconocen como confiables y apropiados.

Las PARTES aceptan que los documentos serán firmados mediante el método de FIRMA ELECTRÓNICA de la PLATAFORMA DE FIRMA PKI SERVICES.

DOCUMENTO FIRMADO POR USUARIO(S) FIRMANTE(S):

Nombre	Apellido	Tipo	Documento	Tipo Firma
ADRIANA	GARZON MOZO	CÉDULA DE CIUDADANÍA	1057785763	Biometria Voz y Validación de identidad
VINICIUS	GUARILHA ALVES	PASAPORTE	127746	Biometria Voz y Validación de identidad

DOCUMENTO FIRMADO POR MR PROPIEDAD INMOBILIARIA SAS:

Representante Legal	NIT	Tipo Firma
MYREYA RODRIGUEZ SIERRA	900379325	Correo Certificado y Token Seguridad

EVIDENCIAS ADJUNTAS

Adjunto en este documento se encuentran las evidencias de biometría de voz, validación de identidad y correo certificado de LAS PARTES EMPRESA – USUARIO(S) FIRMANTE(S).

Este documento ha sido firmado electrónicamente por PKI SERVICES, usando un certificado digital, si desea conocer más información acerca de este certificado puede consultarla utilizando una herramienta como Adobe Reader, opción Firmas, detalles de certificado.

Puede verificar la validez del documento y las evidencias adjuntas en https://colombia.efirmaplus.com/verificar o escaneando el QR.

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

CONTRATO DE ARRENDAMIENTO DE VIVIENDA URBANA

LUGAR Y FECHA DEL CONTRATO: Bogotá D.C., 01 Septiembre de 2025

ARRENDADOR: MR. PROPIEDAD INMOBILIARIA S.A.S., NIT: 900.379.325-0, representada legalmente por MYREYA RODRIGUEZ SIERRA identificada con cédula con la Ciudadanía 52.339.953 con M.A. 20100146, sometido al control de la Subsecretaria de Inspección, Vigilancia y Control de Vivienda de la secretaria Distrital de Hábitat, en la Calle 103 B No. 51-41 OF 302 EDIFICIO MARIA LUISA, BARRIO PASADENA, DE BOGOTÁ D.C.

ARRENDATARIO(A): VINICIUS GUARILHA ALVES identificado con el Pasaporte YF 127746 DE NACIONALIDAD BRASILEÑA

CONDICIONES GENERALES

PRIMERA: OBJETO DEL CONTRATO: Mediante el presente contrato el arrendador concede a EL (LA) ARRENDATARIO (A) el goce del inmueble que adelante se identifica por su dirección, de acuerdo con el inventario que las partes firman por separado.

SEGUNDA: DIRECCION DEL INMUEBLE: CALLE 22 D # 72- 38 TORRE 1 APARTAMENTO 901 GARAJE 347 CONJUNTO RESIDENCIAL EL JARDIN P.H., LOCALIDAD FONTIBON

TERCERA: LINDEROS GENERALES:
NORTE:
SUR:
ORIENTE:
OCCIDENTE:
LINDEROS ESPECIFICOS:
NORTE:
SUR:
ORIENTE:
OCCIDENTE:
CENIT:
NADIR:

DESTINACION: **EL (LA) ARRENDATARIO (A)** se compromete a destinar este inmueble exclusivamente para **VIVIENDA. PARRAGRAFO PRIMERO:** queda prohibido que **EL ARRENDATARIO(A),** guarde o permitir que dentro del mismo se guarden semovientes o elementos inflamables, tóxicos, insalubres, explosivos o dañosos para la conservación, higiene, seguridad y estética del inmueble en general o de sus ocupantes permanentes o transitorios **PARAGRAFO SEGUNDO**: **EL ARRENDADOR**, queda facultado para visitar el inmueble cuando pretenda establecer el cumplimiento u observancia de las obligaciones a cargo del ARRENDATARIO(A), **PARAGRAFO TERCERO**: **EL ARRENDADOR**, declara expresa y terminantemente prohibida la destinación del inmueble para actividades ilícitas, especialmente para los fines contemplados en el Literal B del parágrafo del Artículo 3 del Decreto 180 de 1998 y del Articulo 34 de la ley 30/1986 y en consecuencia **EL ARRENDATARIO(A)** se compromete a no utilizar este inmueble objeto de este contrato para ocultamiento y trata de personas, actividades de webcam, Airbnb, depósito de armas, explosivos y/o dinero de grupos terroristas. Igualmente declaran que no destinaran el inmueble para elaboración almacenamiento o venta de drogas o sustancias alucinógenas, **PARAGRAFO CUARTO**: En el evento en el que al interior del inmueble ocurriere una enfermedad infectocontagiosa **EL ARRENDATARIO(A)** se compromete a evitar su propagación y a cubrir los gastos de desinfección que ordene las autoridades sanitarias**********

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

CUARTA: EL ARRENDADOR, prohíbe expresa y terminantemente a EL (LA) ARRENDATARIO (A) dar al inmueble destinación con los fines contemplados en el Literal B, del parágrafo 3 del Decreto 180 de 1988 y del Artículo 34 de la Ley 30 de 1986, y en consecuencia EL (LA) ARRENDATARIO (A) se obliga a no utilizar el inmueble objeto de este contrato para ocultar o como depósito de armas, explosivos o dineros de grupos terroristas, o para que en él se elabore, almacene, venda o uso de drogas. **********

QUINTA: PRECIO Y FORMA DE PAGO DEL ARRENDAMIENTO: DOS MILLONES CUATROSCIENTOS OCHO MIL PESOS M/CTE. ($2.408.000) mensuales pagaderos dentro de los cinco (5) primeros días calendario, por anticipado al ARRENDADOR o a su orden. En caso de mora en el pago del precio del arrendamiento EL (LA) ARRENDATARIO (A) reconocerá y pagará durante ella al ARRENDADOR, honorarios Pre jurídicos y de Abogado de 4% hasta el día 10, si el pago del arrendamiento se efectúa después del día 10 de cada mes, EL (LA) ARRENDATARIO (A) se obliga a cancelar el 6% mensual, estos valores se liquidarán sobre sumas no pagadas sin perjuicio de las demás acciones de ARRENDADOR. **********

SEXTA: INCREMENTOS DEL PRECIO. Vencido el primer año de vigencia de este contrato y así sucesivamente cada doce (12) mensualidades, en caso de prorroga tácita o expresa, en forma automática y sin necesidad de requerimiento alguno entre las partes, el precio mensual del arrendamiento se incrementará en una proporción no superior al 100% del incremento que haya tenido el índice de precios al consumidor (IPC) en el año calendario inmediatamente anterior. Al suscribir este contrato **EL (LA) ARRENDATARIO (A)** y los deudores solidarios quedan plenamente notificados de todos los reajustes automáticos pactados en este contrato y que han de operar durante la vigencia del mismo. **********

SÉPTIMA: **GASTOS:** La **CESIÓN DEL CONTRATO DE ARRENDAMIENTO**, solicitado por EL (LA) ARRENDATARIO (A) en este caso que se dé la autorización por parte del **ARRENDADOR,** EL (LA) ARRENDATARIO (A) se obliga a pagar el valor correspondiente a un canon de arrendamiento mensual vigente, además de los requisitos exigidos por el arrendador para tal CESIÓN. **********

OCTAVA: LUGAR PARA EL PAGO: salvo pacto expreso entre las partes, **EL (LA) ARRENDATARIO (A)** pagará el precio del arrendamiento **AL ARRENDADOR**, por medio de **PSE** mediante convenio suscrito con el banco DAVIVIENDA permitiendo recaudar el canon de arrendamiento y cuota de administración en los términos y condiciones previstos en la documentación entregada a los EL (LA) ARRENDATARIO (A) para tal efecto. **********

NOVENA: VIGENCIA DEL CONTRATO: Doce (12) meses, que comienzan a contarse el día 01 de Septiembre de 2025, hasta el día 31 de Agosto de 2026 se aclara que se pagara prorrateado a partir de la entrega física del inmueble**********

DECIMA: PRORROGAS. Este contrato se entenderá prorrogado en iguales condiciones y por el mismo termino inicial, siempre que cada una de las partes haya cumplido con las obligaciones a su cargo y que EL (LA) ARRENDATARIO (A), se avenga a los reajustes de la renta pactados en la condición sexta y autorizados en la ley 820 de 2003. **********

DECIMA PRIMERA: SERVICIOS PUBLICOS QUE SE ENTREGAN Y QUE ESTARAN A CARGO DE EL (LA) ARRENDATARIO (A).1. Energía Eléctrica. 2. Acueducto, Alcantarillado, Recolección de Basuras y Gas Natural. Los cuales se encuentran funcionando correctamente de acuerdo con las facturas emitidas por cada una de las empresas prestadoras del servicio, EL (LA) ARRENDATARIO (A) se compromete a garantizar el pago de cada servicio público y en su eventual corte asumir el pago de las reconexiones a que haya lugar. EL (LA) ARRENDATARIO (A) no podrá efectuar ningún tipo de instalación, ni traslados de líneas telefónicas sin previa autorización del **ARRENDADOR,** queda totalmente prohibido constituir créditos con los servicios públicos que están asignados al inmueble como Enel - Codensa, Vanti, etc., Los servicios que sean instalados por EL (LA) ARRENDATARIO (A) , como (TV cable, Internet, Telefonía Satelital, etc.,) serán por cuenta de EL (LA) ARRENDATARIO (A) y deberán retirarlos antes de entregar

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

el inmueble, presentando el documento de traslado o cancelación del servicio **PARAGRAFO PRIMERO**: si EL (LA) ARRENDATARIO (A) no cancelare oportunamente los servicios públicos que le corresponden y como consecuencia las respectivas empresas públicas y/o privadas y/o retiraren los contadores correspondientes al inmueble objeto del presente contrato, este hecho se tendrá como **INCUMPLIMIENTO** al contrato de arrendamiento y el **ARRENDADOR** podrán exigir la restitución judicial del inmueble. **PARAGRAFO SEGUNDO:** el presente documento, junto con los recibos cancelados por el arrendador, constituye título ejecutivo para cobrar judicialmente EL (LA) ARRENDATARIO (A) y sus garantes los servicios que dejaren de pagar siempre que tales montos correspondan al periodo en el que estos tuvieron en su poder el inmueble. **********

DECIMA SEGUNDA: COSAS O USOS CONEXOS: Además del inmueble identificado y descrito anteriormente, tendrá EL (LA) ARRENDATARIO (A) derecho de goce sobre las siguientes cosas y usos:

DECIMA TERCERA: CUOTA DE ADMINISTRACION: Se obliga también a **EL (LA) ARRENDATARIO (A)** a cancelar al ARRENDADOR la suma de **TRESCIENTOS NOVENTA Y DOS MIL PESOS M/CTE ($392.000**), por concepto de cuota mensual administración, pagadera por anticipado dentro de los cinco (5) primeros días de cada mensualidad juntamente con el canon de arrendamiento. Es entendido que este valor se reajustará automáticamente el primero de enero de cada año calendario, sin necesidad de requerimiento alguno, con los reajustes que señale la Asamblea de Propietarios, de acuerdo con el reglamento de propiedad horizontal que rige en el Edificio o Conjunto, no obstante, si la copropiedad decide un aumento superior o inferior al indicado en esta cláusula, **EL (LA) ARRENDATARIO (A)** estará obligada a pagar el reajuste señalado por la copropiedad. **EL (LA) ARRENDATARIO (A)** y los deudores solidarios renuncian expresamente a los requerimientos para constitución en mora respecto a esta obligación pecuniaria. **********

DÉCIMA CUARTA: EL (LA) ARRENDATARIO (A) de común acuerdo informará al **ARRENDADOR** sobre las reuniones, asambleas ordinarias y extraordinarias, durante todo el tiempo de permanencia en el inmueble y dentro del plazo estipulado por la misma junta. **********

DÉCIMA QUINTA: OBLIGACIONES DE EL (LA) ARRENDATARIO (A): EL (LA) ARRENDATARIO (A) está obligado a mantener el inmueble en el estado en que lo recibió y se obliga específicamente a:**1)** Pagar el canon acordado dentro de los plazos previstos en la cláusula Quinta de este contrato. **2)** Conservar la integridad interior de paredes, techos, pisos, acabados de baños, gasodomésticos, muebles de cocina, muebles empotrados, Cortinas **3)** cambiar las guardas de la puerta principal al mudarse al inmueble, esto por seguridad **4)** Cumplir las normas establecidas en los reglamentos internos de Propiedad Horizontal, manual de convivencia y normas policivas (se recomienda no celebrar fiestas dentro del inmueble, sonidos excesivos y más en horarios inadecuados, ocupar el espacio de zonas comunales – frente del inmueble con parlantes, muebles, etc., que puedan afectar la tranquilidad de la comunidad. **5)** Pagar a tiempo los servicios públicos domiciliarios, cosas o usos conexos y adicionales, así como las expensas comunes, aun cuando el inmueble arrendado estuviese sometido al régimen de Propiedad Horizontal. **6)** En caso de vivienda compartida, EL (LA) ARRENDATARIO (A) está obligado a cuidar las zonas y servicios de uso común y a efectuar por su cuenta las reparaciones o sustituciones necesarias, cuando sean atribuibles a su propia culpa o a la de sus dependientes. **7)** Mantener en estado de servicio y debidamente aseadas las partes interiores y exteriores del inmueble. **8)** a la finalización del contrato entregar el inmueble pintado.**9)** Informar en tiempo oportuno e inmediato a la inmobiliaria vía correo electrónico mrpropiedadinmobiliaria@gmail.com con fotos y/o videos de daños que se presenten en el inmueble como humedades, hongos, filtraciones, fisuras, emergencias de plomería, en caso que no informe oportunamente de estas eventualidades al **ARRENDADOR** dichos daños serán asumidos por **EL (LA) ARRENDATARIO (A), PARAGRAFO:** si EL (LA) ARRENDATARIO (A) posee cualquier tipo de mascota se hará responsable de los daños que éste ocasione en el inmueble y se obliga a cambiar la totalidad del piso dañado que estuviese instalado en el inmueble según inventario. **********

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

DÉCIMA SEXTA: CLAUSULA PENAL: El incumplimiento de cualquiera de las partes de alguna de las cláusulas de este contrato, y de la parte afectada, lo constituirá en el deudor de el **ARRENDADOR** por una suma equivalente a Tres (3) veces el precio mensual del arrendamiento que esté vigente en el momento en que tal incumplimiento se presente a título de pena. Se entenderá, en todo caso, que el pago de la pena no extingue la obligación principal y que el **ARRENDADOR** podrá pedir a la vez el pago de la pena, la indemnización de perjuicios, si es el caso. Este contrato será prueba sumaria suficiente para el cobro de esta pena y **EL (LA) ARRENDATARIO (A)** o sus deudores solidarios renuncian expresamente a cualquier requerimiento privado o judicial para constituirlos en mora del pago de esta o cualquier otra obligación derivada del contrato. **********

DECIMA SEPTIMA: REQUERIMIENTOS: EL (LA) ARRENDATARIO (A) y los deudores solidarios que suscriben este contrato renuncian expresamente a los requerimientos de que tratan los artículos 2007 del C.C. y 424 del C. de P.C. y en general a los que consagre cualquier norma sustancial o procesal para efectos de la constitución en mora. **********

DECIMA OCTAVA: TRATAMIENTO DE DATOS PERSONALES Y AUTORIZACION: En cumplimiento con los dispuesto en la ley 1581 de 2012, le informamos que los datos de carácter personal que usted suministre en virtud del presente contrato de arrendamiento serán objeto de tratamiento por parte de M.R PROPIEDAD INMOBILIARIA S.A.S con la finalidad de desarrollar el contrato durante todas las etapas del mismo y especialmente para: a) El desarrollo de la relación contractual entre el arrendador y EL (LA) ARRENDATARIO (A) b) La actualización y consulta de datos personales C) El reporte y consulta de obligaciones ante las centrales de riesgos D) La realización de ofertas y asesoría de servicios e) La realización de campañas comerciales y de mercado sobre servicios afines al arrendamiento f) la medición de niveles de satisfacción g) la realización de investigación de mercado h) la confirmación de referencias personales y comerciales de conformidad con la información por usted suministrada i) Él envió de mensajes en torno al contrato de arrendamiento por medio físico o electrónico, por mensaje o celular , M.R PROPIEDAD INMOBILIARIA S.A.S a comprometer a implementar las medidas necesarias para garantizar un tratamiento idóneo de los datos personales y a cumplir con las disposiciones vigentes en la materia. Los derechos que le asisten como titular son los establecidos en la ley 1581 de 2012 (Ley General de Protección de Datos) y la ley 1266 de 2008 (Ley Especial para el Habeas Data financiero y Crediticio), los cuales se resumen en actualización, rectificación, cancelación y oposición de información de conformidad con lo señalado en la normatividad vigente en la materia que le sea aplicable. En consecuencia, al suscribir este contrato EL (LA) ARRENDATARIO (A) y el DEUDOR SOLIDARIO confirman su plena voluntad de AUTORIZAR EXPRESAMENTE al ARRENDADOR para realizar el tratamiento de los datos personales que han suministrado a éste, bien directamente o a través de alguna empresa evaluadora de riesgos. Igualmente aceptan que conocen sus derechos en materia de protección de datos los cuales podrán ejercitar mediante corre físico dirigido a la Calle 103B No 51 – 41 OF 302 Edificio María Luisa o a través del correo electrónico mrpropiedadinmobiliaria@gmail.com, Bogotá, Colombia. **********

DECIMA NOVENA: PREAVISOS PARA LA ENTREGA UNILATERAL: EL (LA) ARRENDATARIO (A) podrá dar por terminado unilateralmente el contrato de arrendamiento a la fecha del vencimiento del término inicial o de sus Prorrogas, siempre y cuando de previo aviso escrito al ARRENDADOR a través del del correo electrónico mrpropiedadinmobiliaria@gmail.com, con una antelación no menor de tres (3) meses a la referida fecha de vencimiento. La terminación unilateral por parte de EL (LA) ARRENDATARIO (A) en cualquier otro momento solo se aceptará previo el pago de una indemnización equivalente al precio de tres (3) meses de arrendamiento que esté vigente en el momento de entrega del inmueble. **********

VIGESIMA: CAUSALES DE TERMINACIÓN DEL CONTRATO: a favor del ARRENDADOR serán las siguientes a) La no cancelación por parte de EL (LA) ARRENDATARIO (A) de los cánones y administraciones y reajustes dentro del término estipulado en el contrato. b). La no cancelación de los servicios públicos, que cause la desconexión o pérdida del servicio, o el pago de las expensas comunes cuando su pago estuviere a cargo de LA ARRENDATARIO (A) c). En ningún caso **EL (LA)**

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

ARRENDATARIO (A) podrá subarrendar parcial o totalmente el inmueble como tampoco la utilización o tenencia del inmueble con fines de lucro y/o utilización de aplicaciones electrónicas o digitales similares. En caso de aviso por parte de la administración o alguno de sus residentes y/o guardas de seguridad de la copropiedad es prueba suficiente para dar por terminado el contrato inmediatamente y su respectiva restitución del inmueble. d). La incursión reiterada de **EL (LA) ARRENDATARIO (A)** en procederes que afecten la tranquilidad ciudadana de los vecinos, o la destinación del inmueble para actos delictivos o que impliquen contravención, debidamente comprobados ante la autoridad policiva. e). La realización de mejoras, cambios o ampliaciones del inmueble, sin expresa autorización del arrendador o la destrucción total o parcial del inmueble o área arrendada por parte de **EL (LA) ARRENDATARIO (A)** f). La violación por **EL (LA) ARRENDATARIO (A)** las normas del respectivo reglamento de propiedad horizontal cuando se trate de viviendas sometidas a ese régimen. g). El arrendador podrá dar por terminado unilateralmente el contrato de arrendamiento durante las prórrogas, previo aviso escrito dirigido **EL (LA) ARRENDATARIO (A)** a través del servicio postal autorizado, con una antelación no menor de tres (3) meses y el pago de una indemnización equivalente al precio de tres (3) meses de arrendamiento, cumplidas estas condiciones **EL (LA) ARRENDATARIO (A)** estará obligado a restituir el inmueble. ********

VIGÉSIMA PRIMERA : CESIÓN DE LOS DERECHOS: Estipulan expresamente los contratantes que este contrato no formara parte integral de ningún establecimiento de comercio en el Registro Mercantil y que por lo tanto, la enajenación del que eventualmente se establezca en el inmueble no solo no transfiere ningún derecho de arrendamiento al adquiriente sino que constituye causal de terminación del contrato, toda vez que EL (LA) ARRENDATARIO (A) se obliga expresamente a no ceder, a no subarrendar el inmueble, ni transferir su tenencia. Para los efectos legales, esta estipulación equivale a la oposición a que se refiere el numeral 3 del artículo 528 del Código de Comercio, de tal suerte que la responsabilidad de EL (LA) ARRENDATARIO (A) no cesara con la enajenación del establecimiento, ni con el aviso de transferencia, ni aun con la inscripción de la enajenación en el Registro Mercantil. PARAGRAFO: Podrá el ARRENDADOR ceder libremente los derechos que emanan de este contrato y tal cesión producirá efectos respecto de EL (LA) ARRENDATARIO (A) y de los deudores solidarios a partir de la fecha de la comunicación certificada en que ellos se notifiquen tal cesión. **********

VIGÉSIMA SEGUNDA: RECIBO Y ESTADO: EL (LA) ARRENDATARIO (A) declara que ha recibido el inmueble objeto de este contrato en buen estado, conforme al inventario que hace parte de este y que en el mismo estado lo restituirá al arrendador a la terminación del arrendamiento, o cuando este haya de cesar por alguna de las causales previstas, salvo el deterioro proveniente del tiempo y del uso legítimo. *

VIGÉSIMA TERCERA: **MEJORAS:** No podrá EL (LA) ARRENDATARIO (A) efectuar en el inmueble mejoras de ninguna especie, excepto las reparaciones locativas, sin el permiso escrito del arrendador. Si se ejecutaren accederán al propietario del inmueble sin indemnización para quien las efectuó. EL (LA) ARRENDATARIO (A) renuncia expresamente a descontar de la renta el valor de las reparaciones indispensables, a que se refiere el artículo 27 de la Ley 820 de 2003. **********

VIGESIMA CUARTA: DEUDORA SOLIDARIA: La Suscrita

ADRIANA GARZON MOZO ******** identificada con la C.C. 1.057.785.763 DE MANZANARES - CALDAS**

Por medio del presente documento me declaro deudor de LA ARRENDADORA en forma solidaria e indivisible junto con EL (LA) ARRENDATARIO (A) **VINICIUS GUARILHA ALVES identificado con pasaporte YF 127746 DE NACIONALIDAD BRASILEÑA** de todas las caras y obligaciones contenidas en el presente contrato, tanto durante el termino inicialmente pactado como durante sus prorrogas renovaciones expresas o tacitas y hasta la restitución real del inmueble al arrendador, por concepto de: Arrendamientos, servicios públicos, indemnizaciones, daño en el inmueble cuotas de administración , cláusulas penales, y cualquier otra derivaba del contrato, las cuales podrán ser exigidas por el arrendador a cualquiera de los obligados, por la vía ejecutiva, sin necesidad de requerimientos privados o judiciales a los cuales renunciamos expresamente, sin que por razón de esta solidaridad asumamos el carácter de fiador, ni EL (LA) ARRENDATARIO (A) del inmueble objeto del presente contrato, pues tal calidad la asume**: VINICIUS**

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

GUARILHA ALVES identificado con Pasaporte YF 127746 DE NACIONALIDAD BRASILEÑA Y sus respectivo causahabientes.**********

VIGÉSIMA QUINTA: AUTORIZACION: Mediante autorización expresa EL (LA) ARRENDATARIO (A) y los deudores solidarios autorizan expresamente al ARRENDADOR y a su eventual cesionario o subroga torio para incorporar, reportar, procesar y consultar en Bancos de Datos, la información que se relacione con este contrato o que dé él se derive. **********

VIGÉSIMA SEXTA: OBLIGACIONES DEL ARRENDADOR: El arrendador expedirá electrónicamente copia de este contrato debidamente firmado a las partes que intervienen mediante el correo electrónico suministrado, con un plazo máximo de diez (10) días contados a partir de la fecha de celebración del contrato**********

VIGESIMA SEPTIMA. ABANDONO DEL INMUEBLE. Al suscribir este contrato EL (LA) ARRENDATARIO (A)faculta expresamente al ARRENDADOR para penetrar en el inmueble y recuperar su tenencia con solo el requerimiento de la presencia de dos testigos, en procura de evitar el deterior o desmantelamiento de tal inmueble o siempre que por cualquier circunstancia el mismo permanezca abandonado o deshabitado por el término de un mes o que amenace la integridad física del bien o la seguridad del vecindario. La misma facultad tendrán los codeudores en caso de abandono del inmueble para efectos de restituirlo al arrendador. **********

VIGÉSIMA OCTAVA: EL (LA) ARRENDATARIO (A) declara que ha recibido el inmueble objeto de este contrato en buen estado, conforme al inventario que hace parte del mismo, el cual se realiza a la entrega del inmueble y que en el mismo estado lo restituirá al arrendador a la terminación del arrendamiento, o cuando éste haya de cesar por alguna de las causales previstas, salvo el deterioro proveniente del tiempo y del uso legítimo**********

Para constancia se firma de manera electrónica entre las partes a los once (11) días del mes de Agosto de dos mil veinticinco 2025

ARRENDADOR
MR. PROPIEDAD INMOBILIARIA S.A.S

ARRENDATARIO

VINICIUS GUARILHA ALVES
Pasaporte YF 127746
DE NACIONALIDAD BRASILEÑA
Celular: 3623680803
Email: viniciusguarilha04@gmail.com

DEUDORA SOLIDARIA

ADRIANA GARZON MOZO
C.C. 1.057.785.763 DE BOGOTA
Celular: 3163566118
Dir.: Calle 8 A # 1-119 Antioquia
Email: adrianagarzonmozo@gmail.com

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

ACUERDO PARA USO DE LA FIRMA ELECTRONICA

Para la legalización del presente documento, LAS PARTES EMPRESA – USUARIO(S) FIRMANTE(S) acuerdan que, para ello, serán firmados utilizando el mecanismo de FIRMA ELECTRÓNICA; de conformidad con el Decreto compilatorio 1074 de 2015 capitulo 47 y Decreto 2364 de 2012, mediante mecanismos que cumplen los requisitos allí contemplados y que las PARTES reconocen como confiables y apropiados.

Las PARTES aceptan que los documentos serán firmados mediante el método de FIRMA ELECTRÓNICA de la PLATAFORMA DE FIRMA PKI SERVICES.

DOCUMENTO FIRMADO POR USUARIO(S) FIRMANTE(S):

Nombre	Apellido	Tipo	Documento	Tipo Firma
ADRIANA	GARZON MOZO	CÉDULA DE CIUDADANÍA	1057785763	Biometria Voz y Validación de identidad
VINICIUS	GUARILHA ALVES	PASAPORTE	127746	Biometria Voz y Validación de identidad

DOCUMENTO FIRMADO POR MR PROPIEDAD INMOBILIARIA SAS:

Representante Legal	NIT	Tipo Firma
MYREYA RODRIGUEZ SIERRA	900379325	Correo Certificado y Token Seguridad

EVIDENCIAS ADJUNTAS

Adjunto en este documento se encuentran las evidencias de biometría de voz, validación de identidad y correo certificado de LAS PARTES EMPRESA – USUARIO(S) FIRMANTE(S).

Este documento ha sido firmado electrónicamente por PKI SERVICES, usando un certificado digital, si desea conocer más información acerca de este certificado puede consultarla utilizando una herramienta como Adobe Reader, opción Firmas, detalles de certificado.

Puede verificar la validez del documento y las evidencias adjuntas en https://colombia.efirmaplus.com/verificar o escaneando el QR.

PKI SERVICES
PKI Services S.A.S.
2025.08.11 11:19
FIRMADO DIGITALMENTE
BOGOTÁ

LEASE OR JOINT LEASE AGREEMENT FOR AN UNFURNISHED DWELLING

Subject to Title I of Law No. 89-462 of July 6, 1989, aimed at improving rental relations and amending Law No. 86-1290 of December 23, 1986

I. IDENTIFICATION OF THE PARTIES

This agreement is entered into between the undersigned:

For the Lessor

Mr. THOMASSON, residing in the care of PATRIMOINE & IMMOBILIER,

Hereinafter referred to as the "LESSOR", of the first part,

Represented by:

PATRIMOINE & IMMOBILIER, hereinafter referred to as the **"Agency" or the "Representative"**, located at 8, Cours Olivier de Clisson, 44000 NANTES, an establishment of the company PATRIMOINE ET IMMOBILIER, a limited liability company with share capital of EUR 7,800, whose registered office is located at 21 cours Édouard Vaillant, 33300 BORDEAUX, registered with the Bordeaux Trade and Companies Register under No. 44182678100086, intra-Community VAT No. FR90441826781, holder of a professional card bearing the designation Property Management, No. CPI 3301 2021 000 000 006, issued by the Chamber of Commerce and Industry of Gironde, represented by Jean-François MORIN, Legal Representative, duly authorized for the purposes hereof,

Himself/herself represented by Chloé NAHON, acting as an employee, duly authorized for the purposes hereof,

Member of the GALIAN Guarantee Fund, whose registered office is located at 89 rue de la Boétie, 75008 PARIS, under No. GF0000001745, and guaranteed for an amount of EUR 2,140,000,

Holder of escrow account No. 054868485955400000, opened with CREDIT MUTUEL SUD-OUEST,

Holder of professional civil liability insurance taken out with MMA under policy No. 120137405,

Having no capital or legal relationship with any bank or financial company,

Member of the **National Real Estate Federation (FNAIM)**, holding the professional title of property manager obtained in France, whose activity is governed by Law No. 70-9 of January 2, 1970, known as the "Hoguet Law", and its implementing Decree No. 72-678 of July 20, 1972, available in French at www.legifrance.gouv.fr, and subject to the FNAIM Code of Ethics and Professional Conduct incorporating the rules of professional conduct established by Decree No. 2015-1090 of August 28, 2015 (available in French at www.fnaim.fr).

The Lessee

Mr. Vinicius GUARILHA ALVES, born on June 4, 1985, in BRASILIA, of Brazilian nationality, foreign language lecturer, and Ms. Amanda Rose COCCIA, born on December 30, 1999, in STONY BROOK, of American nationality, foreign language lecturer, residing at 17, Rue des Réformes, 44100 NANTES,

Single and not bound by a civil solidarity pact, as declared,

Hereinafter referred to as the "LESSEE", of the second part,

IT HAS BEEN AGREED AS FOLLOWS

II. Subject Matter of the Agreement

Description of the Premises

Type of dwelling: an apartment in a collective residential building.
Address of the dwelling: 12, Rue d'Alger, 44000 NANTES
Floor: 1st floor
Tax identification number of the dwelling: .
Legal regime: building subject to the co-ownership regime
The property constitutes lot No. 54, representing two hundred and three thousandths (203/1000) of the general common areas.
Description:
One-bedroom apartment composed of a living room with fitted and equipped kitchen, one bedroom, one shower room with toilet, and one utility room.
Living area: 46.98 square meters
Number of main rooms: 2
Date or period of construction: **Before** 1949
Other parts of the dwelling: /
Equipment elements of the dwelling: extractor hood, cooktop

Private-use accessory premises and equipment of the building made available to the Lessee:

None

Heating / Hot Water:

Method of heating production: individual electric heating
Method of domestic hot water production: individual domestic hot water

Common Premises, Areas, Equipment and Accessories of the Building: The building in which the leased premises are located is equipped with:

- an intercom
- a bicycle storage room
- a garbage room

Reminder: A decent dwelling must comply with the following minimum performance criteria:

a) In Metropolitan France:

i) As of January 1, 2025, the minimum performance level of the dwelling corresponds to class F of the Energy Performance Diagnosis;
ii) As of January 1, 2028, the minimum performance level of the dwelling corresponds to class E of the Energy Performance Diagnosis;
iii) As of January 1, 2034, the minimum performance level of the dwelling corresponds to class D of the Energy Performance Diagnosis.

b) In Guadeloupe, Martinique, French Guiana, Réunion and Mayotte:

i) As of January 1, 2028, the minimum performance level of the dwelling corresponds to class F of the Energy Performance Diagnosis;
ii) As of January 1, 2031, the minimum performance level of the dwelling corresponds to class E of the Energy Performance Diagnosis.

The final energy consumption and the performance level of the dwelling are determined according to the method of the energy performance diagnosis referred to in Article L. 126-26 of the French Construction and Housing Code.

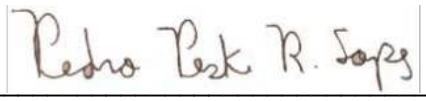
Purpose of the Premises

The premises are leased **exclusively for use as the Lessee's main residence.**

Access equipment for information and communication technologies

The Lessee acknowledges having been informed that the building is connected to fiber optic internet.

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 1, 2026.

BAIL DE LOCATION OU DE COLOCATION DE LOGEMENT NU

Soumis au titre Ier de la loi n° 89-462 du 6 juillet 1989 tendant à améliorer les rapports locatifs et portant modification de la loi n° 86-1290 du 23 décembre 1986

I. DÉSIGNATION DES PARTIES

Le présent contrat est conclu entre les soussignés :

Pour le bailleur

Monsieur THOMASSON demeurant chez PATRIMOINE & IMMOBILIER ,
Ci-après "le BAILLEUR", d'une part,
Représenté(e)(s) par :
PATRIMOINE & IMMOBILIER , ci-après désignée **"l'Agence" ou "le Mandataire"**, sis 8, Cours Olivier de Clisson 44000 NANTES , établissement de la société PATRIMOINE ET IMMOBILIER , SARL au capital de 7800 euros, dont le siège social est situé 21 cours Edouard Vaillant 33300 BORDEAUX , immatriculée au RCS BORDEAUX sous le n° 44182678100086 , numéro de TVA intracommunautaire FR90441826781 , titulaire de la carte professionnelle portant la mention Gestion Immobilière n° CPI 3301 2021 000 000 006 délivrée par par la Chambre de Commerce et de l'Industrie de la Gironde , représentée par Jean-françois MORIN Représentant Légal , dument habilité(e) à l'effet des présentes,
Lui-même ou elle-même représenté(e) par Chloé NAHON , ayant le statut de salarié, dument habilité(e) à l'effet des présentes,
Adhérente de la caisse de Garantie GALIAN dont le siège est sis 89 rue de la Boétie 75008 PARIS sous le n° GF0000001745 , et garantie pour un montant de 2 140 000 euros,
Titulaire du compte séquestre n° 054868485955400000 ouvert auprès CREDIT MUTUEL SUD-OUEST ,
Titulaire d'une assurance en responsabilité civile professionnelle souscrite auprès de MMA sous le numéro de police 120137405 ,
N'ayant aucun lien capitalistique ou juridique avec une banque ou une société financière,
Adhérent de la **Fédération Nationale de l'Immobilier (FNAIM)**, ayant le titre professionnel d'administrateur de biens obtenu en France dont l'activité est régie par la loi n° 70-9 du 2 janvier 1970 (dite « loi Hoguet ») et son décret d'application n° 72 678 du 20 juillet 1972 (consultables en français sur www.legifrance.gouv.fr), et soumis au code d'éthique et de déontologie de la FNAIM intégrant les règles de déontologie fixées par le décret n° 2015 1090 du 28 août 2015 (consultable en français sur www.fnaim.fr).

Le Locataire

Monsieur Vinicius GUARILHA ALVES né le 04.06.1985 à BRASILIA , de nationalité Brésilienne , Lecteur de langue étrangère , et Madame Amanda Rose COCCIA née le 30.12.1999 à STONY BROOK , de nationalité Américaine , Lectrice de langue étrangère , demeurant 17, Rue des Réformes 44100 NANTES ,
Célibataires non liés par un Pacte civil de solidarité, ainsi déclaré,

Ci-après "le LOCATAIRE", d'autre part,

IL A ÉTÉ CONVENU CE QUI SUIT

II. Objet du contrat

Désignation des locaux

Type d'habitat : un appartement dans un immeuble collectif.
Adresse du logement : 12, Rue d'Alger 44000 NANTES
Etage(s) : 1er
Identifiant fiscal du logement : .
Régime juridique : immeuble soumis au régime de la copropriété
Les biens constituent le(s) lot(s) n° 54 représentant deux cent trois / millièmes (203 / 1000 èmes) des parties communes générales .
Description :
Appartement T2 composé d'une pièce de vie avec cuisine aménagée et équipée, une chambre, une salle d'eau avec wc, une buanderie.
Surface habitable : 46.98 mètres carrés
Nombre de pièces principales : 2
Date ou période de construction : Avant 1949
Autres parties du logement : /
Eléments d'équipements du logement : Hotte, plaques de cuisson
Locaux et équipements accessoires de l'immeuble à usage privatif du locataire :
Aucun
Chauffage / eau chaude :
Modalité de production de chauffage : chauffage individuel électrique
Modalité de production d'eau chaude sanitaire : eau chaude sanitaire individuelle
Locaux, parties, équipements et accessoires de l'immeuble à usage commun :
L'immeuble dans lequel se trouvent les locaux loués est équipé :
- d'un interphone
- d'un garage à vélo
- d'un local poubelle

Rappel : un logement décent doit respecter les critères minimaux de performance suivants :

a) En France métropolitaine :

i) A compter du 1er janvier 2025, le niveau de performance minimal du logement correspond à la classe F du DPE ;
ii) A compter du 1er janvier 2028, le niveau de performance minimal du logement correspond à la classe E du DPE ;
iii) A compter du 1er janvier 2034, le niveau de performance minimal du logement correspond à la classe D du DPE.

b) En Guadeloupe, en Martinique, en Guyane, à La Réunion et à Mayotte :

i) A compter du 1er janvier 2028, le niveau de performance minimal du logement correspond à la classe F du DPE ;
ii) A compter du 1er janvier 2031, le niveau de performance minimal du logement correspond à la classe E du DPE.

La consommation d'énergie finale et le niveau de performance du logement sont déterminés selon la méthode du diagnostic de performance énergétique mentionné à l'article L. 126-26 du code de la construction et de l'habitation.

Destination des locaux
Les locaux sont loués pour un **usage exclusif d'habitation principale.**
Equipement d'accès aux technologies de l'information et de la communication
Le LOCATAIRE reconnait avoir été informé du raccordement de l'immeuble à la fibre optique.

STANDARD FORM APARTMENT LEASE (FIXED TERM)

Date: _____

Name: VERONICA MCNEARY

Address: _____

City/State/Zip: _____ PhoneNumber: _____

Lessor, hereby leases to (Name) Jointly & Severally: Amanda Coccia & Vinicius Guarilha Alves

(Address/City/State/Zip) _____ *(PhoneNumber)* _____

Lessee, who hereby hires the following premises, viz *(Apartment/Suite)* 8

at *(Street or Address)* 144 KENRICK ST # 8, *MA (Zip)* 02135 (consisting of) All rooms

known and numbered at 144 Kenrick St # 8, Brighton MA 02135

for the term of 9 Months, beginning August 24 /2022

and terminating on May 26/2023. The rent to be paid by the Lessee for the leased premises shall be as follows:

RENT:

TENANT:
This section governs rent payments. In some cases, rent payments may increase during the lease term. Please be sure that you carefully read and understand this section. Please initial here when you are certain that you understand and agree with this section.

Lessee's initials:

DS AC DS VGA

A: The term rent shall be $17,100.00 payable, except as herein otherwise provided, in installments of $1,900.00, on the 24th day of every month, in advance, so long as this lease is in force and effect;

B: However, if in any tax year commencing with the fiscal year ***n/a*** the real estate taxes on the land and buildings, of which the leased premises are a part, are in excess of the amount of the real estate taxes thereon for the fiscal year ***n/a***, (herein called the "Base Year", and being the most recent year in which the Lessor has actually received a real estate tax bill for the leased premises) Lessee will pay to Lessor as additional rent hereunder, when and as designated by notice in writing by Lessor, **n/a** per cent of such excess that may occur in each year of the term of this Lease or any extension or renewal thereof and proportionately for any part of a fiscal year. The Lessor represents to the Lessee that the term rent set forth in the immediately preceding paragraph (A) does not reflect any real estate tax increase subsequent to the said Base Year. Notwithstanding anything contained herein to the contrary, the Lessee shall be obligated to pay only that proportion of such increased tax as the unit leased him bears to the whole of the real estate so taxed, and if the Lessor obtains an abatement of the real estate tax levied on the whole of the real estate of which the unit leased by Lessee is a part, a proportionate share of such abatement, less reasonable attorney's fees, if any, shall be refunded to said Lessee.

LESSOR AND LESSEE FURTHER COVENANT AND AGREE:

1) **MAINTENANCE-** For maintenance, if other than lessor, contact:
Name: PAUL WIZNITZER 617-512-1513 Phone Number: _____
Address: 2193 B Commonwealth Ave
City/State/Zip: Brighton MA 02135

2) **ADDITIONAL PROVISIONS -**
Landlord acknowledges receipt of First Month rent ($1,900) , Last Month Rent ($1,900) & Security Deposit ($1,900)

© 1978-2019 GREATER BOSTON REAL ESTATE BOARD All rights reserved.

TENANT:
This section governs utility payments. Be sure to discuss with the Lessor those payments which will be required of you for this apartment.

separate tank which serves only the leased premises. The Lessor agrees to furnish reasonably hot and cold water and reasonable heat during the regular heating season (except to the extent supplied through utilities metered to the leased premises or fuel oil kept in a separate tank as stated above), but the failure of the Lessor to provide any of the foregoing items to any specific degree, quantity, quality, or character due to any causes beyond the reasonable control of the Lessor, such as accident, restriction by City, State or Federal regulations, or during necessary repairs to the apparatus shall not (subject to applicable law) form a basis of any claim for damages against the Lessor. If legally permitted, utility meters may consist of submeters installed to allocate charges incurred by the Lessor. **Payment by the Lessee for water and sewer service is subject to the provisions of the attached Water and Sewer Submetering Addendum.**

Heat & Hot water included in the rent, Lessee responsible for Electricity, WiFi.

4. Attached Forms The forms, if any, attached hereto are incorporated herein by reference.

5. Care Of Premises The Lessee shall not paint, decorate or otherwise embellish and/or change and shall not make nor suffer any additions or alterations to be made in or to the leased premises without the prior written consent of the Lessor, nor make nor suffer any strip or waste, nor suffer the heat or water to be wasted, and at the termination of this lease shall deliver up the leased premises and all property belonging to the Lessor in good, clean and tenantable order and condition, reasonable wear and tear excepted. No washing machine, air-conditioning unit, space heater, clothes dryer, television or other aerials, or other like equipment shall be installed without the prior written consent of the Lessor. No waterbeds shall be permitted in the leased premises.

6. Cleanliness The Lessee shall maintain the leased premises in a clean condition. He shall not sweep, throw, or dispose of, nor permit to be swept, thrown or disposed of, from said premises nor from any doors, windows, balconies, porches or other parts of said building, any dirt, waste, rubbish or other substance or article into any other parts of said building or the land adjacent thereon, except in proper receptacles and except in accordance with the rules of the Lessor.

7. Definitions The words "Lessor" and "Lessee" as used herein shall include their respective heirs, executors, administrators, successors, representatives and assigns, agents and servants; and the words "he", "his" and "him" where applicable shall apply to the Lessor or Lessee regardless of sex, number, corporate entity, trust or other body. If more than one party signs as Lessee hereunder, the covenants, conditions and agreements herein of the Lessee shall be the joint and several obligations of each such party.

8. Delivery Of Premises In the event the Lessor is not able through no fault of his own to deliver the leased premises to the Lessee at the time called for herein, the rent shall be abated on a pro rata basis until such time as occupancy can be obtained, which abatement shall constitute full settlement of all damages caused by such delay, or the Lessor, at his election, shall be allowed reasonable time to deliver possession of the leased premises, and if he cannot deliver such possession within 30 days from the beginning of said term, either the Lessor or Lessee may then terminate this lease by giving written notice to the other and any payment made under this lease shall be forthwith refunded. Lessee hereby authorizes and empowers Lessor to institute proceedings to recover possession of the premises on behalf of and in the name of Lessee.

9. Eminent Domain If the leased premises, or any part thereof, or the whole or any part of the building of which they are a part, shall be taken for any purpose by exercise of the power of eminent domain or condemnation, or by action of the city or other authorities or shall receive any direct or consequential damage for which the Lessor or Lessee shall be entitled to compensation by reason of anything lawfully done in pursuance of any public authority after the execution hereof and during said term, or any extension of renewal thereof, then at the option of either the Lessor or the Lessee, this lease and said term shall terminate and such option may be exercised in the case of any such taking, notwithstanding the entire interest of the Lessor and the Lessee may have been divested by such taking. Said option to terminate shall be exercised by either the Lessor or the Lessee, by giving a written notice of exercise of such option to terminate in the manner described in Section 17 of this lease. Said option to terminate shall not be exercised by either party (a) earlier than the effective date of taking, nor (b) later than thirty (30) days after the effective date of taking. The mailing of the notice of exercise as set forth hereinabove shall be deemed to be the exercise of said option; and upon the giving of such notice, this lease shall be terminated as of the date of the taking. If this lease and said term are not so terminated, then in case of any such taking or destruction of or damage to the leased premises, rendering the same or any part thereof unfit for use and occupation, a just proportion of the rent hereinbefore reserved, according to the nature and extent of the damage to the leased premises, shall be suspended or abated until, in the case of such taking, what may remain of the leased premises, shall have been put in proper condition for use and occupation. The Lessee hereby assigns to the Lessor any and all claims and demands for damages on account of any such taking or for compensation for anything lawfully done in pursuance of any public authority, and covenants with the Lessor that the Lessee will from time to time execute and deliver to the Lessor such further instruments of assignment of any such claims and demands as the Lessor shall request, provided however that the Lessee does not assign to the Lessor any claims based upon Lessee's personal property or other improvements installed by Lessee with Lessor's written permission.

10. Fire, Other Casualty If the leased premises, or any part thereof, or the whole or a substantial part of the building of which they are a part, shall be destroyed or damaged by fire or other casualty after the execution hereof and during said term, or any extension or renewal thereof, then this lease and said term shall terminate at the option of the Lessor by notice to the Lessee. If this lease and said term are not so terminated, then in case of any such destruction of or damage to the leased premises, or to the common areas of the building customarily used by the Lessee for access to and egress from the leased premises, rendering the same or any part thereof unfit for use and occupation, a just proportion of the rent hereinbefore reserved, according to the nature and extent of the damage to the leased premises, shall be suspended or abated until the leased premises shall have been put in proper condition for use and occupation. If the leased premises or such common areas have not been restored by the Lessor to substantially their former condition for use and occupancy within thirty days after the damage occurred, the Lessee may terminate this lease by giving notice to the Lessor within thirty days following the termination of the thirty day period within which the Lessor failed to restore. If either party gives notice of intention to terminate under this section, this lease shall terminate on the last day of the then-current monthly rental period.

11. Disturbance, Illegal Use Neither the Lessee nor his family, friends, relatives, invitees, visitors, agents or servants shall make or suffer any unlawful, noisy or otherwise offensive use of the leased premises, nor commit or permit any nuisance to exist thereon, nor cause damage to the leased premises, nor create any substantial interference with the rights, comfort, safety or enjoyment of the Lessor or other occupants of the same or any other apartment, nor make any use whatsoever thereof than as and for a private residence. No signs or other articles shall be hung or shaken from or affixed to the windows, doors, porches, balconies, or exterior walls or placed upon the exterior windowsills without the Lessor's prior written consent in each instance.

12. Governmental Regulations The Lessor shall be obligated to fulfill all of the Lessor's obligations hereunder to the best of the Lessor's ability but the Lessee's obligations, covenants and agreements hereunder shall not (subject to applicable law) be affected, impaired or excused because the Lessor is unable to supply or is delayed in supplying any service or is unable to make or is delayed in making any repairs, additions, alterations or decorations, or is unable to supply or is delayed in supplying any equipment or fixtures, if Lessor is prevented

14. Insurance Lessee understands and agrees that it shall be Lessee's own obligation to insure his personal property.

15. Keys & Locks Upon expiration or termination of the lease, the Lessee shall deliver the keys of the premises to the landlord. Delivery of keys by the Lessee to the Lessor, or to anyone on his behalf, shall not constitute a surrender or acceptance of surrender of the leased premises unless so stipulated in writing by the Lessor. In the event that the exterior door lock or locks in the leased premises are not in normal working order at any time during the term thereof, and if the Lessee reports such condition to the Lessor, then and in that event the Lessor shall, within a reasonable period of time following receipt of notice from the Lessee of such condition, repair or replace such lock or locks. Locks shall not be changed, altered, or replaced nor shall new locks be added by the Lessee without the written permission of the Lessor. Any locks so permitted to be installed shall become the property of the Lessor and shall not be removed by the Lessee. The Lessee shall promptly give a duplicate key to any such changed, altered, replaced or new lock to the Lessor.

16. Loss or Damage The Lessee agrees to indemnify and save the Lessor harmless from all liability, loss or damage arising from any nuisance made or suffered on the leased premises by the Lessee, his family, friends, relatives, invitees, visitors, agents, or servants or from any carelessness, neglect or improper conduct of any such persons. All personal property in any part of the building within the control of the Lessee shall be at the sole risk of the Lessee. Subject to provisions or applicable law the Lessor shall not be liable for damage to or loss of property of any kind which may be lost or stolen, damaged or destroyed by fire, water, steam, defective refrigeration, elevators, or otherwise, while on the leased premises or in any storage space in the building or for any personal injury unless caused by the negligence of the Lessor.

17. Notices Written notice from the Lessor to the Lessee shall be deemed to have been properly given if mailed by registered or certified mail postage prepaid, return receipt requested to the Lessee at the address of the leased premises, or if delivered or left in or on any part thereof, provided that if so mailed, the receipt has been signed, or if so delivered or left, that such notice has been delivered to or left with, the Lessee or anyone expressly or impliedly authorized to receive messages for the Lessee, or by any adult who resides with the Lessee in the leased premises. Written notice from the Lessee to the Lessor shall be deemed to have been properly given if mailed by registered or certified mail, postage prepaid, return receipt requested to the Lessor at his address set forth in the first paragraph of this lease, unless the Lessor shall have notified the Lessee of a change of the Lessor's address, in which case such notice shall be so sent to such changed address of the Lessor, provided that the receipt has been signed by the Lessor or anyone expressly or impliedly authorized to receive messages for the Lessor. *Notwithstanding the foregoing, notice by either party to the other shall be deemed adequate if given in any other manner authorized by law.*

18. Other Regulations The Lessee agrees to conform to such lawful rules and regulations which are reasonably related to the purpose and provisions of this lease, as shall from time to time be established by the Lessor in the future for the safety, care, cleanliness, or orderly conduct of the leased premises and the building of which they are a part, and of the benefit, safety, comfort and convenience of all the occupants of said building.

19. Parking Parking on the premises of the Lessor is prohibited unless written consent is given by the Lessor.
2 Parking spots included in the rent

20. Pets No dogs or other animals, birds or pets shall be kept in or upon the leased premises without the Lessor's written consent, and consent so given may be revoked at any time.

21. Plumbing The water closets, disposals, and waste pipes shall not be used for any purposes other than those for which they were constructed, nor shall any sweepings, rubbish, rags, or any other improper articles be thrown into same, and any damage to the building caused by the misuse of such equipment shall be borne by the Lessee by whom or upon whose premises shall have been caused unless caused by the negligence of the Lessor, or by the negligence of an independent contractor employed by the Lessor.

22. Repairs The Lessee agrees with the Lessor that, during this lease and for such further time as the Lessee shall hold the leased premises or any part thereof, the Lessee will at all times keep and maintain the leased premises and all equipment and fixtures therein or used therewith repaired, whole and of the same kind, quality and description and in such good repair, order and condition as the same are at the beginning of, or may be put in during the term or any extension or renewal thereof, reasonable wear and tear and damage by unavoidable casualty only excepted. The Lessor and the Lessee agree to comply with any responsibility which either may have under applicable law to perform repairs upon the leased premises. If Lessee fails within a reasonable time, or improperly makes such repairs, then and in any such event or events, the Lessor may (but shall not be obligated to) make such repairs and the Lessee shall reimburse the Lessor for the reasonable cost of such repairs in full, upon demand.

23. Right Of Entry The Lessor may enter upon the leased premises to make repairs thereto, to inspect the premises, or to show the premises to prospective tenants, purchasers, or mortgagees. The Lessor may also enter upon the said premises if same appear to have been abandoned by the Lessee or as otherwise permitted by law. **With 24 Hour notice to tenants, except in case of emergency.

24. Non-Performance Or Breach By Lesse If the Lessee shall fail to comply with any lawful term, condition, covenant, obligation, or agreement expressed herein or implied hereunder, or if the Lessee shall be declared bankrupt, or insolvent according to law or if any assignment of the Lessee's property shall be made for the benefit of creditors, or if the premises appear to be abandoned then, and in any of the said cases and notwithstanding any license or waiver of any prior breach of any of the said terms, conditions, covenants, obligations, or agreements the Lessor, without necessity or requirement of making any entry may (subject to the Lessee's rights under applicable law) terminate this lease by:

1. a seven (7) day written notice to the Lessee to vacate said leased premises in case of any breach except only for nonpayment of rent, or
2. a fourteen (14) day written notice to the Lessee to vacate said leased premises upon the neglect or refusal of the Lessee to pay the rent as herein provided.

Any termination under this section shall be without prejudice to any remedies which might otherwise be used for arrears of rent or preceding breach of any of the said terms, conditions, covenants, obligations or agreements.

25. Lessee's Covenants In Event Of Termination The Lessee covenants that in case of any termination of this lease, by reason of the default of the Lessee, then at the option of Lessor:

(A) the Lessee will forthwith pay to the Lessor as damages hereunder a sum equal to the amount by which the rent and other payments called for hereunder for the remainder of the term, including any extension or renewal thereof, exceed the fair rental value of said premises for the remainder of the term, including any extension or renewal thereof; and

(B) the Lessee covenants that he will furthermore indemnify the Lessor from and against any loss and damage sustained from time to time by reason of any termination caused by the default of, or the breach by, the Lessee. Lessor's damages hereunder shall include, but shall not be limited to any loss of rents; reasonable broker's commissions for the re-letting of the leased premises; advertising costs; the reasonable cost incurred in cleaning and repainting

lease date.

Lessor shall also be entitled to any and all other remedies provided by law. All rights and remedies are to be cumulative and not exclusive.

26. Removal Of Goods Lessee further covenants and agrees that if Lessor shall remove Lessee's goods or effects, pursuant to the terms hereof or of any Court order, Lessor shall not be liable or responsible for any loss of or damage to Lessee's goods or effects and the Lessor's act of so removing such goods or effects shall be deemed to be the act of and for the account of Lessee, provided, however, that if the Lessor removes the Lessee's goods or effects, he shall comply with all applicable laws, and shall exercise due care in the handling of such goods to the fullest practical extent under the circumstances.

27. Non-Surrender Neither the vacating of the premises by the Lessee, nor the delivery of keys to the Lessor shall be deemed a surrender or an acceptance of surrender of the leased premises, unless so stipulated in writing by Lessor.

28. Subletting, Number Of Occupants The Lessee shall not assign nor underlet any part of the whole of the leased premises, nor shall permit the leased premises to be occupied for a period longer than a temporary visit by anyone *except the individuals specifically named in the first paragraph of this lease*, their spouses, and any children born to them during the term of this lease or any extension or renewal thereof without first obtaining on each occasion the assent in writing of the Lessor. Under no circumstances may any portion of the leased premises be used by a boarder, lodger, or roommate without the prior written consent of the Lessor.

29. Liability In the event that the Lessor is not a natural person, no individual trustee, beneficiary, partner, manager, member, officer, director, shareholder or other principal of the Lessor shall be personally liable to anyone under any term, condition, covenant, obligation, or agreement expressed herein or implied hereunder or for any claim of damage or cause at law or in equity arising out of the occupancy of said leased premises, the use or the maintenance of said building or its approaches or equipment.

30. Waiver The waiver of one breach of any term, condition, covenant, obligation, or agreement of this lease shall not be considered to be a waiver of that or any other term, condition, covenant, obligation, or agreement or of any subsequent breach thereof.

31. Separability Clause If any provision of this lease or portion of such provision or the application thereof to any person or circumstance is held invalid, the remainder of the lease (or the remainder of such provision) and the application thereof to other persons or circumstances shall not be effected thereby.

32. Copy Of Lease The Lessor shall deliver a copy of this lease, duly executed by Lessor or his authorized agent, to the Lessee within thirty (30) days after a copy hereof, duly executed by the Lessee, has been delivered to the Lessor.

33. Reprisals Prohibited The Lessor acknowledges that provisions of applicable law forbid a landlord from threatening to take or taking reprisals against any tenant for seeking to assert his legal rights.

34. Other Provisions

a) Landlord will have the unit professionally cleaned prior to move in.
b)Lessee must notify landlord on or before 1/31/2023 of their intonation

to renew the lease for another term starting 8/24/23 to May 25/24.

IN WITNESS WHEREOF, the said parties hereunto and to another instrument of like tenor, have set their hands and seals on the day and year first above written; and Lessee as an individual states under the pains and penalties of perjury that said Lessee is over the age of 18 years.

DocuSigned by:
Vinicius Guarilha Alves
3739D9EA8BC7479...

Lessee

Lessor

DocuSigned by:
Amanda Coccia
782EB5C3C080472...

Trustee or Agent

TENANT: SUBJECT TO APPLICABLE LAW, THE LANDLORD WILL PROVIDE INSURANCE FOR UP TO $750 IN BENEFITS TO COVER THE ACTUAL COSTS OF RELOCATION OF THE TENANT IF DISPLACED BY FIRE OR DAMAGE RESULTING FROM FIRE.

TENANT: MAKE SURE TO RECEIVE A SIGNED COPY OF THIS LEASE.

GUARANTY

In consideration of the execution of the within lease by the Lessor at the request of the undersigned, the undersigned hereby, jointly and severally, guarantee the Lessor, and the heirs, successors, and assigns of the Lessor, the punctual performance by the Lessee and the legal representatives, successors and assigns of the Lessee of all the terms, conditions, covenants, obligations, and agreements in said lease on the Lessee's or their part to be performed or observed, demand and notice of default being hereby waived. The undersigned waive all suretyship defenses and defenses in the nature thereof and assent to any and all extensions and postponements of the time of payment and all other indulgences and forbearances which may be granted from time to time to the Lessee.

WITNESS the execution hereof under seal by the undersigned the day and year first written in said lease.

Gmail Vinicius G. <viniciusguarilha04@gmail.com>

Fwd: Aer Lingus Confirmation - Booking Ref: 2C6HFN

Amanda Coccia <amandacoccia@gmail.com>
Para: "Vinicius G." <viniciusguarilha04@gmail.com> 29 de agosto de 2023 às 13:54

❤️❤️❤️❤️

---------- Forwarded message ---------
From: <bookingsen@aerlingus.com>
Date: Tue, Aug 29, 2023 at 2:53 PM
Subject: Aer Lingus Confirmation - Booking Ref: 2C6HFN
To: <AMANDACOCCIA@gmail.com>

Aer Lingus

Booking Confirmation

Booking Reference: **2C6HFN**

Date: 29 August 2023

MRS AMANDA COCCIA

Thank you for booking your flight with Aer Lingus.

This is your booking confirmation, passenger itinerary and receipt email. Please review the passport and visa information and airport check in and close out times before you travel.

Your Flights

Passenger(s)
MRS AMANDA COCCIA

Flight
Departs: Boston-Terminal C (BOS) 21:15
Arrives: Dublin-Terminal 2 (DUB) 08:20
Status: A/Economy Class CONFIRMED
Operated By: Aer Lingus
Seats: Book seats
Checked Bags: Book bags
Pre-Ordered Meals: Book meals

EI0136 - Mon 18 Dec 2023

Flight
Departs: Dublin-Terminal 2 (DUB) 09:50
Arrives: Paris-Aerogare 1 (CDG) 12:35
Status: A/Economy Class CONFIRMED
Operated By: Aer Lingus

EI0524 - Tue 19 Dec 2023

Hotels
in partnership with Booking.com
28,000,000 hotel rooms worldwide
Book Now

Travel Checklist
Book Bags Save up to 50%
Book Seats Select Now
Check in Free Check-in
Lounges Get Access

Seats:	Book seats
Checked Bags:	Book bags
Carry-on Bag:	COCCIA AMANDA MRS - Carry-on bag with priority boarding
Flight	
Departs:	
Arrives:	**EI0521 - Sun14Jan2024**
Status:	Paris-Aerogare 1 (CDG) 10:05
Operated By:	Dublin-Terminal 2 (DUB) 10:55
Seats:	G/Economy Class CONFIRMED
Checked Bags:	Aer Lingus
Carry-on Bag:	Book seats
Flight	Book bags
Departs:	
Arrives:	COCCIA AMANDA MRS - Carry-on bag with priority boarding
Status:	
Operated By:	**EI0133 - Sun14Jan2024**
Seats:	Dublin-Terminal 2 (DUB) 14:10
Checked Bags:	Boston-Terminal C (BOS) 16:25
Pre-Ordered Meals:	A/Economy Class CONFIRMED
Other Information	Aer Lingus
API - Passenger Travel Document Info: X 1	Book seats
	Book bags
	Book meals
	Added

Where applicable you will receive separate booking confirmation emails for third party bookings.

Manage your Booking







Travel Partners





Details on Fees and Baggage Allowances >>

Your Receipt

Ticket Numbers			Issue Date
0532455468559			29AUG
Details	**Fare p.p.**	**Taxes, Charges and Carrier Imposed Fees**	**Total**
1 Adult(s):	USD 146.02	USD 399.31	USD 545.33

Total Amount	USD 545.33
Carry-on Bag Fee:	USD 0.00
Carry-on Bag Fee:	USD 0.00
TOTAL	**USD 545.33**

The 'Total' figure above is a cumulative amount applicable to your booking reference to date and is not in addition to what you paid for your original booking. Please note this does not apply if you have only held your booking using Pricelock or Deposit payment options.

LastPayment	**MasterCard**

Restrictions/Endorsements

NO RFND/CHG FEE APPLIES
CXL BY FLT DT OR NO VALUE

Passenger: **Coccia Amanda Rose (ADT)**
Booking ref: **3TSO5F**
Ticket number: 202 2472338369
Passenger Unique ID:

Issuing office:
AVIANCAONLINE, AVENIDA EL DORADO # 59 - 15, SAN SALVADOR
Telephone: TBA
Date: 25Apr2022

ELECTRONIC TICKET RECEIPT
Tailor-made flights

From	To	Flight	Departure	Arrival	Last check-in
NEW YORK JOHN F KENNEDY INTL Terminal: 4 **Size**: M **Seat**: 22B **Baggage** (4): 1PC	**BOGOTA** EL DORADO INTL Terminal: 1 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV245	**00 :25** 02Jun2022	**05 :10** 02Jun2022 **NVB** (2): 02Jun2022 **NVA** (3): 02Jun2022 **Duration**: 05:45	
BOGOTA EL DORADO INTL Terminal: 1 **Size**: M **Seat**: 21B **Baggage** (4): 1PC	**SAO PAULO** GUARULHOS INTL Terminal: 2 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV249	**07 :14** 02Jun2022	**15 :30** 02Jun2022 **NVB** (2): 02Jun2022 **NVA** (3): 02Jun2022 **Duration**: 06:16	
SAO PAULO GUARULHOS INTL Terminal: 2 **Size**: M **Seat**: 22B **Baggage** (4): 1PC	**BOGOTA** EL DORADO INTL Terminal: 1 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV248	**17 :15** 20Jun2022	**21 :20** 20Jun2022 **NVB** (2): 20Jun2022 **NVA** (3): 20Jun2022 **Duration**: 06:05	
BOGOTA EL DORADO INTL Terminal: 1 **Size**: M **Seat**: 22B **Baggage** (4): 1PC	**NEW YORK** JOHN F KENNEDY INTL Terminal: 4 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV20	**22 :55** 20Jun2022	**05 :50** 21Jun2022 **NVB** (2): 20Jun2022 **NVA** (3): 20Jun2022 **Duration**: 05:55	

(1) OK = Confirmed (2) NVB = **Not valid before** (3) NVA = **Not valid after** (4) **Each passenger can check in a specific amount of baggage at no extra cost as indicated above in the column baggage.**

ELECTRONIC TICKET REMARKS

BAGGAGE INFORMATION

Please visit https://www.avianca.com/co/en/before-your-trip/prepare-your-baggage/checked/
Carry-onandadditionalbagfeeswillbehigheratairportcounterandgate,
we recommend you purchase them in advance.
IfyourticketsizeisXS,rememberthatyourfaredoesnotincludeacarry-onbag.

Baggage Policy

JFKGRU

1st Checked Bag:	Free of Charge	UPTO50LB 23KG AND62LI 158LCM

2nd Checked Bag:	80.00USD	UPTO50LB 23KG AND62LI 158LCM
GRUJFK		
1st Checked Bag:	Free of Charge	UPTO50LB 23KG AND62LI 158LCM
2nd Checked Bag:	80.00USD	UPTO50LB 23KG AND62LI 158LCM

CARRY-ON BAG:

JFKBOG: MAX 1PC	Free of Charge	CARRY10KG 22LBUPTO 45LI
BOGGRU: MAX1PC	Free of Charge	115LCM CARRY10KG 22LBUPTO
GRUBOG: MAX1PC	Free of Charge	45LI 115LCM CARRY10KG
BOGJFK: MAX 1PC	Free of Charge	22LBUPTO 45LI 115LCM
		CARRY10KG 22LBUPTO 45LI
		115LCM

LB = Weight In Pounds, KG = Weight In Kilos, LI = Linear Inches, LCM = Linear Centimeters, MAX = Maximum Allowed, PC = Number of Pieces
Baggage allowance and charges are provided for information only. Additional discounts may apply depending on advance purchase or Flyer-specific factors (e.g. Frequent flyer status, military, Credit card used for purchase, early purchase over the internet, etc.) Most carriers' e-tickets have expiration dates and conditions of use. Check the carrier's fare rules for more information.

Fare Calculation: NYC AV BOG170.00AV SAO Q47.00 225.00AV X/BOG AV NYC Q SAONYC120.00 250.00NUC812.00END ROE1.000000 XF JFK4.5

Fare: USD 812.00

Form of payment: CC VI XXXXXXXXXXXX7918 XXXX 972976

Endorsements: /C1-4 NON REFUNDABLE/ CHANGES RESTRICTED/ RESTRICTIONS APPLY -BG AV

Taxes:	USD 5.60AY
	USD 19.70US
	USD 19.70US
	USD 3.96XA
	USD 7.00XY
	USD 6.11YC
	USD 13.30BR
	USD 4.50XF
Total Amount:	**USD 891.87**

The carriage of certain hazardous materials, like aerosols, fireworks, and flammable liquids, aboard the aircraft is forbidden. If you do not understand these restrictions, further information may be obtained from your airline.

LEGAL AND PASSENGER NOTICES

CARRIAGE AND OTHER SERVICES PROVIDED BY THE CARRIER ARE SUBJECT TO CONDITIONS OF CARRIAGE, WHICH ARE HEREBY INCORPORATED BY REFERENCE. THESE CONDITIONS MAY BE OBTAINED FROM THE ISSUING CARRIER. THE ITINERARY/RECEIPT CONSTITUTES THE PASSENGER TICKET FOR THE PURPOSES OFARTICLE 3 OF THE WARSAW CONVENTION, EXCEPT WHERE THE CARRIER DELIVERS TO THE PASSENGER ANOTHER DOCUMENT COMPLYING WITH THEREQUIREMENTS OF ARTICLE 3.PASSENGERS ON A JOURNEY INVOLVING AN ULTIMATE DESTINATION OR A STOP IN A COUNTRY OTHER THAN THE COUNTRY OF DEPARTURE ARE ADVISED THAT INTERNATIONAL TREATIES KNOWN AS THE MONTREAL CONVENTION, OR ITS PREDECESSOR, THE WARSAW CONVENTION, INCLUDING ITS AMENDMENTS (THE WARSAW CONVENTION SYSTEM), MAY APPLY TO THE ENTIRE JOURNEY, INCLUDING ANY PORTION THEREOF WITHIN A COUNTRY. FOR SUCH PASSENGERS, THE APPLICABLE TREATY, INCLUDING SPECIAL CONTRACTS OF CARRIAGE EMBODIED IN ANY APPLICABLE TARIFFS, GOVERNS AND MAY LIMIT THE LIABILITY OF THE CARRIER. THESE CONVENTIONS GOVERN AND MAY LIMIT THE LIABILITYOF AIR CARRIERS FOR DEATH OR BODILY INJURY OR LOSS OF OR DAMAGE TO BAGGAGE, AND FOR DELAY. THE CARRIAGE OF CERTAIN HAZARDOUS MATERIALS, LIKE AEROSOLS, FIREWORKS, AND FLAMMABLE LIQUIDS, ABOARD THE AIRCRAFT IS FORBIDDEN. IF YOU DO NOT UNDERSTAND THESE RESTRICTIONS, FURTHER INFORMATION MAY BE OBTAINED FROM YOUR AIRLINE. DATA PROTECTION NOTICE: YOUR PERSONAL DATA WILL BE PROCESSED IN ACCORDANCE WITH THE APPLICABLE CARRIER'S PRIVACY POLICY AND, IF YOUR BOOKING IS MADE VIA A RESERVATION SYSTEM PROVIDER (GDS), WITH ITS PRIVACY POLICY. THESE ARE AVAILABLE AT http:// www.iatatravelcenter.com/privacy OR FROM THE CARRIER OR GDS DIRECTLY. YOU SHOULD READ THIS DOCUMENTATION, WHICH APPLIES TO YOUR BOOKING AND SPECIFIES, FOR EXAMPLE, HOW YOUR PERSONAL DATA IS COLLECTED, STORED, USED, DISCLOSED AND TRANSFERRED.(APPLICABLE FOR INTERLINE CARRIAGE

NIT: 0614-291139-002-9

A STAR ALLIANCE MEMBER

LifeMiles

Passenger: **Guarilha Alves Vinicius (ADT)**
Booking ref: **3TSO5F**
Ticket number: 202 2472338370
Passenger Unique ID:

Issuing office:
AVIANCAONLINE, AVENIDA EL DORADO # 59 - 15, SAN SALVADOR
Telephone: TBA
Date: 25Apr2022

ELECTRONIC TICKET RECEIPT
Tailor-made flights

From	To	Flight	Departure	Arrival	Last check-in
NEW YORK JOHN F KENNEDY INTL Terminal: 4 **Size**: M **Seat**: 22A **Baggage** (4): 1PC	**BOGOTA** EL DORADO INTL Terminal: 1 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV245	**00 :25** 02Jun2022	**05 :10** 02Jun2022 **NVB** (2): 02Jun2022 **NVA** (3): 02Jun2022 **Duration**: 05:45	
BOGOTA EL DORADO INTL Terminal: 1 **Size**: M **Seat**: 21A **Baggage** (4): 1PC	**SAO PAULO** GUARULHOS INTL Terminal: 2 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV249	**07 :14** 02Jun2022	**15 :30** 02Jun2022 **NVB** (2): 02Jun2022 **NVA** (3): 02Jun2022 **Duration**: 06:16	
SAO PAULO GUARULHOS INTL Terminal: 2 **Size**: M **Seat**: 22A **Baggage** (4): 1PC	**BOGOTA** EL DORADO INTL Terminal: 1 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV248	**17 :15** 20Jun2022	**21 :20** 20Jun2022 **NVB** (2): 20Jun2022 **NVA** (3): 20Jun2022 **Duration**: 06:05	
BOGOTA EL DORADO INTL Terminal: 1 **Size**: M **Seat**: 22A **Baggage** (4): 1PC	**NEW YORK** JOHN F KENNEDY INTL Terminal: 4 **Operated by**: AVIANCA **Marketed by**: AVIANCA **Booking status** (1): OK	AV20	**22 :55** 20Jun2022	**05 :50** 21Jun2022 **NVB** (2): 20Jun2022 **NVA** (3): 20Jun2022 **Duration**: 05:55	

(1) OK = Confirmed (2) NVB = **Not valid before** (3) NVA = **Not valid after** (4) **Each passenger can check in a specific amount of baggage at no extra cost as indicated above in the column baggage.**

ELECTRONIC TICKET REMARKS

BAGGAGE INFORMATION

Please visit https://www.avianca.com/co/en/before-your-trip/prepare-your-baggage/checked/
Carry-onandadditionalbagfeeswillbehigheratairportcounterandgate,
we recommend you purchase them in advance.
IfyourticketsizeisXS,rememberthatyourfaredoesnotincludeacarry-onbag.

Baggage Policy

JFKGRU

1st Checked Bag:	Free of Charge	UPTO50LB 23KG AND62LI 158LCM

2nd Checked Bag:	80.00USD	UPTO50LB 23KG AND62LI 158LCM
GRUJFK		
1st Checked Bag:	Free of Charge	UPTO50LB 23KG AND62LI 158LCM
2nd Checked Bag:	80.00USD	UPTO50LB 23KG AND62LI 158LCM

CARRY-ON BAG:

JFKBOG: MAX 1PC	Free of Charge	CARRY10KG 22LBUPTO 45LI
BOGGRU: MAX1PC	Free of Charge	115LCM CARRY10KG 22LBUPTO
GRUBOG: MAX1PC	Free of Charge	45LI 115LCM CARRY10KG
BOGJFK: MAX 1PC	Free of Charge	22LBUPTO 45LI 115LCM
		CARRY10KG 22LBUPTO 45LI
		115LCM

LB = Weight In Pounds, KG = Weight In Kilos, LI = Linear Inches, LCM = Linear Centimeters, MAX = Maximum Allowed, PC = Number of Pieces
Baggage allowance and charges are provided for information only. Additional discounts may apply depending on advance purchase or Flyer-specific factors (e.g. Frequent flyer status, military, Credit card used for purchase, early purchase over the internet, etc.) Most carriers' e-tickets have expiration dates and conditions of use. Check the carrier's fare rules for more information.

Fare Calculation: NYC AV BOG170.00AV SAO Q47.00 225.00AV X/BOG AV NYC Q SAONYC120.00 250.00NUC812.00END ROE1.000000 XF JFK4.5

Fare: USD 812.00

Form of payment: CC VI XXXXXXXXXXXX7918 XXXX 972976

Endorsements: /C1-4 NON REFUNDABLE/ CHANGES RESTRICTED/ RESTRICTIONS APPLY -BG AV

Taxes:	USD 5.60AY
	USD 19.70US
	USD 19.70US
	USD 3.96XA
	USD 7.00XY
	USD 6.11YC
	USD 13.30BR
	USD 4.50XF
Total Amount:	**USD 891.87**

The carriage of certain hazardous materials, like aerosols, fireworks, and flammable liquids, aboard the aircraft is forbidden. If you do not understand these restrictions, further information may be obtained from your airline.

LEGAL AND PASSENGER NOTICES

CARRIAGE AND OTHER SERVICES PROVIDED BY THE CARRIER ARE SUBJECT TO CONDITIONS OF CARRIAGE, WHICH ARE HEREBY INCORPORATED BY REFERENCE. THESE CONDITIONS MAY BE OBTAINED FROM THE ISSUING CARRIER. THE ITINERARY/RECEIPT CONSTITUTES THE PASSENGER TICKET FOR THE PURPOSES OFARTICLE 3 OF THE WARSAW CONVENTION, EXCEPT WHERE THE CARRIER DELIVERS TO THE PASSENGER ANOTHER DOCUMENT COMPLYING WITH THEREQUIREMENTS OF ARTICLE 3.PASSENGERS ON A JOURNEY INVOLVING AN ULTIMATE DESTINATION OR A STOP IN A COUNTRY OTHER THAN THE COUNTRY OF DEPARTURE ARE ADVISED THAT INTERNATIONAL TREATIES KNOWN AS THE MONTREAL CONVENTION, OR ITS PREDECESSOR, THE WARSAW CONVENTION, INCLUDING ITS AMENDMENTS (THE WARSAW CONVENTION SYSTEM), MAY APPLY TO THE ENTIRE JOURNEY, INCLUDING ANY PORTION THEREOF WITHIN A COUNTRY. FOR SUCH PASSENGERS, THE APPLICABLE TREATY, INCLUDING SPECIAL CONTRACTS OF CARRIAGE EMBODIED IN ANY APPLICABLE TARIFFS, GOVERNS AND MAY LIMIT THE LIABILITY OF THE CARRIER. THESE CONVENTIONS GOVERN AND MAY LIMIT THE LIABILITYOF AIR CARRIERS FOR DEATH OR BODILY INJURY OR LOSS OF OR DAMAGE TO BAGGAGE, AND FOR DELAY. THE CARRIAGE OF CERTAIN HAZARDOUS MATERIALS, LIKE AEROSOLS, FIREWORKS, AND FLAMMABLE LIQUIDS, ABOARD THE AIRCRAFT IS FORBIDDEN. IF YOU DO NOT UNDERSTAND THESE RESTRICTIONS, FURTHER INFORMATION MAY BE OBTAINED FROM YOUR AIRLINE. DATA PROTECTION NOTICE: YOUR PERSONAL DATA WILL BE PROCESSED IN ACCORDANCE WITH THE APPLICABLE CARRIER'S PRIVACY POLICY AND, IF YOUR BOOKING IS MADE VIA A RESERVATION SYSTEM PROVIDER (GDS), WITH ITS PRIVACY POLICY. THESE ARE AVAILABLE AT http:// www.iatatravelcenter.com/privacy OR FROM THE CARRIER OR GDS DIRECTLY. YOU SHOULD READ THIS DOCUMENTATION, WHICH APPLIES TO YOUR BOOKING AND SPECIFIES, FOR EXAMPLE, HOW YOUR PERSONAL DATA IS COLLECTED, STORED, USED, DISCLOSED AND TRANSFERRED.(APPLICABLE FOR INTERLINE CARRIAGE

NIT: 0614-291139-002-9

A STAR ALLIANCE MEMBER

LifeMiles

CopaAirlines

AMANDA COCCIA

DATA	VOO	ASSENTO
26 mai 2024	CM 812	**25E**

NEW YORK

PANAMA

JFK		**PTY**
3:33pm		8:15pm

Registar a sua bagagem	1:33pm
Estar na porta	2:33pm
Portão Fechado	3:23pm

TERMINAL	PORTÃO	GRUPO
4	-	6

A STAR ALLIANCE MEMBER

SEQ 19

CopaAirlines

AMANDA COCCIA

DATA	VOO	ASSENTO
26 mai 2024	CM 141	**21E**

PANAMA

MANAUS

PTY		**MAO**
9:35pm		2:27am

Registar a sua bagagem	7:35pm
Estar na porta	8:35pm
Portão Fechado	9:25pm

TERMINAL	PORTÃO	GRUPO
1	-	6

A STAR ALLIANCE MEMBER

SEQ 17

BILHETE ELECTRÓNICO	RESERVA
2302185509564	A1PDP1

Informação Importante

As portas estão sujeitas a alterações - por favor, confirme o número do seu portão nas telas do aeroporto no momento da chegada.

Lembrar: Cuando viaje de férias em horas de grande tráfico, é possível que se necessite mais tempo para atravessar a segurança e chegar à porta de embarque. Por favor planifique su llegada en consecuencia.

Notas: Por favor note: todos os viajantes são responsáveis por trazer todos os documentos de viagem necessários exigidos pelos países que você está visitando. É recomendado que todos os passageiros não esqueçam da carteira de vacinação e histórico de saúde, especialmente o Certificado internacional de vacinação contra a febre amarela, se eles estão viajando para um pais que exige isso.

Cartão de Embarque

CopaAirlines | A STAR ALLIANCE MEMBER

BILHETE ELETRÔNICO PARA VINICIUS GUARILHAALVES

03julio 2025

Reserva
A5WET4

Administre sua re s erva

Obrigadoporescolher a Copa Airlines para seus planos de viagem. Leia estas informações importantes sobre a reserva e o itinerário.

DETALHES DO PASSAGEIRO

Nome	Nº de passageiro frequente #	Status Star Alliance	Número da passagem aérea
VINICIUS GUARILHAALVES	108914715CM		2302151030162

ITINERÁRIO DO VOO:

BOGOTA(BOG) - PANAMA CITY(PTY) - Número do voo - CM 335 - Economy Class

Embarque
Quarta-feiraDezembro 17, 2025
12:08 PM
BOGOTA(BOG)

Chegada
Quarta-feiraDezembro 17, 2025
1:52 PM
PANAMA CITY(PTY)

Detalhes do voo
Duração do voo:1h 44m
Aeronave:738
CopaAirlines
Voo operado por:
Assentos reservados: Sim- Reservar ou alterar assentos

Tempo de parada em : 2h 32m

PANAMA CITY(PTY) - BRASILIA(BSB) - Número do voo - CM 205 - Economy Class

Embarque
Quarta-feiraDezembro 17, 2025
4:24 PM
PANAMA CITY(PTY)

Chegada
Quinta-feiraDezembro 18, 2025
12:45 AM
BRASILIA(BSB)

Detalhes do voo
Duração do voo:6h 21m
Aeronave:738
CopaAirlines
Voo operado por:
Assentos reservados: Sim- Reservar ou alterar assentos

BRASILIA(BSB) - PANAMA CITY(PTY) - Número do voo - CM 896 - Economy Class

Embarque
SábadoJaneiro 10, 2026
12:30 PM
BRASILIA(BSB)

Chegada
SábadoJaneiro 10, 2026
4:29 PM
PANAMA CITY(PTY)

Detalhes do voo
Duração do voo:5h 59m
Aeronave:738
CopaAirlines
Voo operado por:
Assentos reservados: Sim- Reservar ou alterar assentos

Tempo de parada em : 6h 0m

BILHETE ELETRÔNICO PARA BENJAMINLEO COCCIAGUARILHAALVES

03julio 2025

Reserva
A5WET4

Administre sua reserva

Obrigadoporescolher a Copa Airlines para seus planos de viagem. Leia estas informações importantes sobre a reserva e o itinerário.

DETALHES DO PASSAGEIRO

Nome	Nº de passageiro frequente #	Status Star Alliance	Número da passagem aérea
BENJAMINLEO COCCIAGUARILHAALVES			2302151030163

ITINERÁRIO DO VOO:

BOGOTA(BOG) - PANAMA CITY(PTY) - Número do voo - CM 335 - Economy Class

Embarque
Quarta-feiraDezembro 17, 2025
12:08 PM
BOGOTA(BOG)

Chegada
Quarta-feiraDezembro 17, 2025
1:52 PM
PANAMA CITY(PTY)

Detalhes do voo
Duração do voo:1h 44m
Aeronave:738
Voo operado por: CopaAirlines
Assentos reservados: Sim- Reservar ou alterar assentos

Tempo de parada em : 2h 32m

PANAMA CITY(PTY) - BRASILIA(BSB) - Número do voo - CM 205 - Economy Class

Embarque
Quarta-feiraDezembro 17, 2025
4:24 PM
PANAMA CITY(PTY)

Chegada
Quinta-feiraDezembro 18, 2025
12:45 AM
BRASILIA(BSB)

Detalhes do voo
Duração do voo:6h 21m
Aeronave:738
Voo operado por: CopaAirlines
Assentos reservados: Sim- Reservar ou alterar assentos

BRASILIA(BSB) - PANAMA CITY(PTY) - Número do voo - CM 896 - Economy Class

Embarque
SábadoJaneiro 10, 2026
12:30 PM
BRASILIA(BSB)

Chegada
SábadoJaneiro 10, 2026
4:29 PM
PANAMA CITY(PTY)

Detalhes do voo
Duração do voo:5h 59m
Aeronave:738
Voo operado por: CopaAirlines
Assentos reservados: Sim- Reservar ou alterar assentos

Tempo de parada em : 6h 0m

BILHETE ELETRÔNICO PARA AMANDAROSE COCCIA

03julio 2025

Reserva
A5WET4

Administre sua re s erva

Obrigadoporescolher a Copa Airlines para seus planos de viagem. Leia estas informações importantes sobre a reserva e o itinerário.

DETALHES DO PASSAGEIRO

Nome	Nº de passageiro frequente #	Status Star Alliance	Número da passagem aérea
AMANDAROSE COCCIA			2302151030161

ITINERÁRIO DO VOO:

BOGOTA(BOG) - PANAMA CITY(PTY) - Número do voo - CM 335 - Economy Class

Embarque
Quarta-feiraDezembro 17, 2025
12:08 PM
BOGOTA(BOG)

Chegada
Quarta-feiraDezembro 17, 2025
1:52 PM
PANAMA CITY(PTY)

Detalhes do voo
Duração do voo:1h 44m
Aeronave:738
Voo operado por:
Assentos reservados: Sim- Reservar ou alterar assentos

Tempo de parada em : 2h 32m

PANAMA CITY(PTY) - BRASILIA(BSB) - Número do voo - CM 205 - Economy Class

Embarque
Quarta-feiraDezembro 17, 2025
4:24 PM
PANAMA CITY(PTY)

Chegada
Quinta-feiraDezembro 18, 2025
12:45 AM
BRASILIA(BSB)

Detalhes do voo
Duração do voo:6h 21m
Aeronave:738
Voo operado por:
Assentos reservados: Sim- Reservar ou alterar assentos

BRASILIA(BSB) - PANAMA CITY(PTY) - Número do voo - CM 896 - Economy Class

Embarque
SábadoJaneiro 10, 2026
12:30 PM
BRASILIA(BSB)

Chegada
SábadoJaneiro 10, 2026
4:29 PM
PANAMA CITY(PTY)

Detalhes do voo
Duração do voo:5h 59m
Aeronave:738
Voo operado por:
Assentos reservados: Sim- Reservar ou alterar assentos

Tempo de parada em : 6h 0m

Gmail Vinicius G. <viniciusguarilha04@gmail.com>

Boarding Information

Cabo Verde Airlines <information@caboverdeairlines.com> 2 de março de 2024 às 12:21
Para: viniciusguarilha04@gmail.com

CABO VERDE AIRLINES

Boarding Information

Dear Valued Passenger,

Welcome on board and have a pleasant trip!

For your flight safety, you are entitled to carry 1 piece of 8 kg as hand luggage. At boarding gate, if we notice that you exceed the weight or number of pieces, TACV reserves the right to charge you 100 euros for each piece.Baggage collected at the boarding gate will be loaded upon availability of weight and/or space in the hold.

Flight Number	Departure Port	Arrival Port	Departure Date	Arrival Date
VR607	LIS	RAI	02.03.2024 16:40	02/03/2024 19:50
VR606	RAI	LIS	09.03.2024 10:35	09/03/2024 15:40

Your ReservationNo

122UJN

Go to Reservation Page

Flight-1	LISBOA(LIS)-PRAIA(RAI)	Flight No: VR607

Name	Surname	Title	Ticket
AMANDA	COCCIA	Mrs./Ms.	6962400335360

Seat:	**No Meal:**		**Baggage**
VINICIUS	GUARILHA ALVES	Mr.	6962400335361
Seat:	**No Meal:**		**Baggage**

Flight-2 PRAIA(RAI)-LISBOA(LIS) Flight No: VR606

Name	Surname	Title	Ticket
AMANDA	COCCIA	Mrs./Ms.	6962400335360
Seat:	**No Meal:**		**Baggage**
VINICIUS	GUARILHA ALVES	Mr.	6962400335361
Seat:	**No Meal:**		**Baggage**

Sent by Cabo Verde Airlines

Customer Service

customer.service@caboverdeairlines.com

Tel:+238 350 0150

05 JUL 2022 ▸ 05 JUL 2022 VIAGEM PARA BRASILIA, BRASIL

VINICIUS GUARILHA ALVES
AMANDA ROSE COCCIA

CÓDIGO DA RESERVA TGLRJY

SAÍDA: **TERÇA-FEIRA 05 JUL** Porfavor,verifiqueohoráriodadecolagemdos voos.

GOL LINHAS AEREAS
G3 1171
Duração:
1hr(s)40min(s)

Família de tarifas:
PLUS

IGU
FOZ IGUAÇU,BRASIL

▸ GRU
GUARULHOS,BRASIL

Partindo às:
12:20
Terminal:
Não disponível

Chegando às:
14:00
Terminal:
TERMINAL 2

Aeronave:
BOEING 737 MAX

Nome do passageiro:	Assentos:	Recibo(s) de Bilhete(s) Eletrônico(s):
» Vinicius Guarilha Alves	22B	1272174682335
» Amanda Rose Coccia	22A	1272174682336

SAÍDA: **TERÇA-FEIRA 05 JUL** Por favor, verifique o horário da decolagem dos voos.

GOL LINHAS AEREAS
G3 1438
Duração:
1hr(s)35min(s)

Família de tarifas:
PLUS

GRU
GUARULHOS, BRASIL

▸ GYN
GOIANIA. BRASIL

Partindo às:
15:05
Terminal:
TERMINAL 2

Chegando às:
16:40
Terminal:
Não disponível

Aeronave:
BOEING 737 MAX

Nome do passageiro:	Assentos:	Recibo(s) de Bilhete(s) Eletrônico(s):
» Vinicius Guarilha Alves	22B	1272174682335
» Amanda Rose Coccia	22A	1272174682336

SAÍDA: **TERÇA-FEIRA 05 JUL** Porfavor, verifique o horário da decolagem dos voos.

GOL LINHAS AEREAS
G3 1741
Duração:
0hr(s) 50min(s)

Família detarifas:
PLUS

GYN
GOIANIA.BRASIL

▸ BSB
BRASILIA, BRASIL

Partindo às:
17:55
Terminal:
Não disponível

Chegando às:
18:45
Terminal:
Não disponível

Aeronave:
BOEING 737-800 JET

Nome do passageiro:	Assentos:	Recibo(s) de Bilhete(s) Eletrônico(s):
» Vinicius Guarilha Alves	22A	1272174682335
» Amanda Rose Coccia	22B	1272174682336

PLAY

Boarding Pass

New York
SWF

→

Reykjavik
KEF

TERMINAL

BOARDING
18.30 · 23/05/2023

SEAT
36D

FLIGHT #
OG122

DEPARTURE
19:10

ARRIVAL
04.40

GATE CLOSES
18.55

CHECKED BAG
NO

CARRY ON
YES

The gate closes 15 minutes before departure.

FOLD

Important Information

Please have your boarding pass, passport and visa (if required) ready for inspection at the airport.

All passengers are responsible for obtaining relevant COVID-19 authorizations for their destination country.

Please also observe the security regulations relating to liquids in cabin baggage. Details are available on our website.

Air tickets and boarding passes are issued in the holders name and are non-transferable.

Airport use

PASSENGER
COCCIA/AMANDAROSE

SEQUENCE
050

FLIGHT
SWF - KEF

FLIGHT#
OG122

DEPARTURE
19:10 · 23/05/2023

PRIORITY BOARDING

PLAY

Boarding Pass

New York
SWF

Reykjavik
KEF

TERMINAL	BOARDING	SEAT
	18:30 · 23/05/2023	36C

FLIGHT #	DEPARTURE	ARRIVAL
OG122	19:10	04:40

GATE CLOSES	CHECKED BAG	CARRY ON
18:55	YES · 1	YES

The gate closes 15 minutes before departure.

Airport use

PASSENGER
GUARILHAALVES/VINICIUS

SEQUENCE
051

FLIGHT
SWF - KEF

FLIGHT#
OG122

DEPARTURE
19:10 · 23/05/2023

FOLD

Important Information

Please have your boarding pass, passport and visa (if required) ready for inspection at the airport.

All passengers are responsible for obtaining relevant COVID-19 authorizations for their destination country.

Please also observe the security regulations relating to liquids in cabin baggage. Details are available on our website.

Air tickets and boarding passes are issued in the holders name and are non-transferable.

PRIORITY BOARDING

PLAY

Boarding Pass

Reykjavik
KEF

→

Paris
CDG

TERMINAL

BOARDING
05:20 · 24/05/2023

SEAT
46E

FLIGHT #
OG400

DEPARTURE
06:00

ARRIVAL
11:30

GATE CLOSES
05:45

CHECKED BAG
NO

CARRY ON
YES

The gate closes 15 minutes before departure.

Important Information

Please have your boarding pass, passport and visa (if required) ready for inspection at the airport.

All passengers are responsible for obtaining relevant COVID-19 authorizations for their destination country.

Please also observe the security regulations relating to liquids in cabin baggage. Details are available on our website.

Air tickets and boarding passes are issued in the holders name and are non-transferable.

Airport use

PASSENGER
COCCIA/AMANDAROSE

SEQUENCE
068

FLIGHT
KEF - CDG

FLIGHT#
OG400

DEPARTURE
06:00 · 24/05/2023

FOLD

PRIORITY BOARDING

PLAY

Boarding Pass

Reykjavik
KEF

→

Paris
CDG

TERMINAL

BOARDING
05:20 · 24/05/2023

SEAT
46D

FLIGHT #
OG400

DEPARTURE
06:00

ARRIVAL
11:30

GATE CLOSES
05:45

CHECKED BAG
YES · 1

CARRY ON
YES

The gate closes 15 minutes before departure.

Important Information

Please have your boarding pass, passport and visa (if required) ready for inspection at the airport.

All passengers are responsible for obtaining relevant COVID-19 authorizations for their destination country.

Please also observe the security regulations relating to liquids in cabin baggage. Details are available on our website.

Air tickets and boarding passes are issued in the holders name and are non-transferable.

Airport use

PASSENGER
GUARILHAALVES/VINICIUS

SEQUENCE
069

FLIGHT
KEF - CDG

FLIGHT#
OG400

DEPARTURE
06:00 · 24/05/2023

FOLD

PRIORITY BOARDING

PLAY

Boarding Pass

Paris
CDG

→

Reykjavik
KEF

TERMINAL	BOARDING	SEAT
	11:30 · 21/08/2023	31D

FLIGHT #	DEPARTURE	ARRIVAL
OG401	12:30	14:05

GATE CLOSES	CHECKED BAG	CARRY ON
12:15	NO	YES

The gate closes 15 minutes before departure.

FOLD

Important Information

Please have your boarding pass, passport and visa (if required) ready for inspection at the airport.

Please also observe the security regulations relating to liquids in cabin baggage. Details are available on our website.

Air tickets and boarding passes are issued in the holders name and are non-transferable.

Airport use

PASSENGER
COCCIA/AMANDAROSE

SEQUENCE
104

FLIGHT
CDG - KEF

FLIGHT#
OG401

DEPARTURE
12:30 · 21/08/2023

PRIORITY BOARDING

30 JUL 2022 ▸ 30 JUL 2022 VIAGEM PARA CONGONHAS, BRASIL

VINICIUS GUARILHA ALVES
AMANDA ROSE COCCIA

CÓDIGO DA RESERVA BJCWMW

SAÍDA: **SÁBADO 30 JUL** Por favor, verifique o horário da decolagem dos voos.

GOL LINHAS AEREAS **G3 1433** Duração: 1hr(s)35min(s) Família de tarifas: PLUS	GYN GOIANIA.BRASIL ▸ CGH CONGONHAS,BRASIL		Aeronave: BOEING 737-800 JET
	Partindo às: 10:15 Terminal: Não disponível	Chegando às: 11:50 Terminal: Não disponível	

Nome do passageiro:	Assentos:	Recibo(s) de Bilhete(s) Eletrônico(s):
» Vinicius Guarilha Alves	22A	1272175980939
» Amanda Rose Coccia	22B	1272175980940

Gmail Vinicius G. <viniciusguarilha04@gmail.com>

JetBlue booking confirmation for AMANDA ROSE COCCIA - DXCFHU

1 mensagem

JetBlue Reservations <jetblueairways@email.jetblue.com>
Responder a: JetBlue Reservations <reply@email.jetblue.com> 29 de novembro de 2021 às 23:01
Para: viniciusguarilha04@gmail.com

Check out the details for your trip on Wed, Dec 29

Federal law requires masks for travelers2yearsandolder, at the airport and on board. See mask requirements

Per CDC, all travelers entering or returning to the U.S. must provide proof of negative viral COVID-19 test or recovery. Specific requirements vary based on your age and vaccination status. See travel requirements

You're all set to jet.

Thanks for choosing JetBlue.Getready to enjoy themost legroom in coach*, free wi-fi & entertainment, and free snacks & drinks.

Please note: This is not your boarding pass.

Your JetBlue confirmation code is **DXCFHU**

Change made easy.

Switchorcancel flights,add extras like Even More Space or pets, update your seat assignment, TrueBlue & KTN numbers, and other traveler details—all in one place. Stay safe from fraud—use only jetblue.com or the JetBlue app to switch or cancel your flights.

Manage trip

You can also manage your trips by downloadingourfree mobile app.

Flights

JFK
New York, NY
Terminal: 5

PTP
Pointe-a-Pitre, GP

Date	Wed, Dec 29
Departs	9:00am
Arrives	2:11pm
Flight	2205

PTP
Pointe-a-Pitre, GP

JFK
New York, NY

Date	Wed, Jan 05
Departs	3:40pm
Arrives	7:30pm
Flight	2206

If your booking was made at least 7 days in advance: You may cancel it within 24 hours for a full refund to your original form of payment, without a cancellation fee.

JetBlue Change/Cancel Policy: There is no fee to change (or cancel) Blue, Blue

Extra, Blue Plus or Mint fares. Blue Basic fares booked Jun 8 2021 - Aug 24 2021 and after Nov 1 2021 are subject to a change/cancel fee of $100 for travel wholly within the U.S., Caribbean, Mexico or Central America, or $200 for all other routes. There are no change/cancel fees for Blue Basic fares booked before Jun 8 2021 or between Aug 25 2021 - Oct 31 2021.

Fare difference may apply and funds may be issued as a JetBlue Travel Bank credit, valid for 12 months on any JetBlue-operated flight. Same-day switches may be made without a fare difference for $75. Click here for details on our change and cancel policies.

Traveler Details

AMANDA ROSE COCCIA

Frequent Flier: Add TrueBlue #

Ticket number: 2792179218199

JFK - PTP:

Fare: Blue

Carry-on bags: One (1) carry-on bag and one (1) personal item included in your fare.

Checked bags: No checked bags included in your fare. As a reminder, up to two (2) checked bags may be added in advance here. If you need to check more than two bags, these can only be added at the ticket counter on your day of travel, and other baggage restrictions may apply.

Seat: 8F

PTP - JFK:

Fare: Blue

Carry-on bags: One (1) carry-on bag and one (1) personal item included in your fare.

Extra, Blue Plus or Mint fares. Blue Basic fares booked Jun 8 2021 - Aug 24 2021 and after Nov 1 2021 are subject to a change/cancel fee of $100 for travel wholly within the U.S., Caribbean, Mexico or Central America, or $200 for all other routes. There are no change/cancel fees for Blue Basic fares booked before Jun 8 2021 or between Aug 25 2021 - Oct 31 2021.

Fare difference may apply and funds may be issued as a JetBlue Travel Bank credit, valid for 12 months on any JetBlue-operated flight. Same-day switches may be made without a fare difference for $75. Click here for details on our change and cancel policies.

Traveler Details

AMANDA ROSE COCCIA

Frequent Flier: Add TrueBlue #

Ticket number: 2792179218199

JFK - PTP:

Fare: Blue

Carry-on bags: One (1) carry-on bag and one (1) personal item included in your fare.

Checked bags: No checked bags included in your fare. As a reminder, up to two (2) checked bags may be added in advance here. If you need to check more than two bags, these can only be added at the ticket counter on your day of travel, and other baggage restrictions may apply.

Seat: 8F

PTP - JFK:

Fare: Blue

Carry-on bags: One (1) carry-on bag and one (1) personal item included in your fare.

Checked bags: No checked bags included in your fare. As a reminder, up to two (2) checked bags may be added in advance here. If you need to check more than two bags, these can only be added at the ticket counter on your day of travel, and other baggage restrictions may apply.
Seat: 22E

VINICIUS GUARILHA ALVES

Frequent Flier: Add TrueBlue #
Ticket number: 2792179218200

JFK - PTP:
Fare: Blue
Carry-on bags: One (1) carry-on bag and one (1) personal item included in your fare.
Checked bags: No checked bags included in your fare. As a reminder, up to two (2) checked bags may be added in advance here. If you need to check more than two bags, these can only be added at the ticket counter on your day of travel, and other baggage restrictions may apply.
Seat: 8E

PTP - JFK:
Fare: Blue
Carry-on bags: One (1) carry-on bag and one (1) personal item included in your fare.
Checked bags: No checked bags included in your fare. As a reminder, up to two (2) checked bags may be added in advance here. If you need to check more than two bags, these can only be added at the ticket counter on your day of travel, and other baggage restrictions

AEROVIAS DE INTEGRACIÓN REGIONAL S.A.
NIT 890.704.196 - 6
Av. El Dorado No. 103 - 08 Entrada 1 - Hangar Bogotá D.C., Colombia
Facturas electrónicas: col_intercambio@einvoicing.signature-cloud.com

Tiquete de transporte aéreo

INFORMACIÓN IMPORTANTE : Este documento contiene el detalle y las condiciones del servicio adquirido y se emite solamente para efectos informativos, por lo que el mismo no constituye una factura electrónica de venta y/o documento equivalente, ni será soporte de costos, deducciones o impuestos descontables para efectos tributarios. Por lo anterior, a partir del primero de septiembre de 2024 se emitirá un documento equivalente tributario en cumplimiento con lo regulado en las Resoluciones 000165 de 2023 y 000119 de 2024 emitidas por la DIAN.
No es necesario que lo lleves el día de tu viaje.

Información importante

Considere que los tickets adquiridos están sujetos a restricciones gubernamentales, de los países donde operamos, y deben ser aprobados por las autoridades locales.

Información de tu viaje

Código de Reserva	**ETBYOC**	**Nº de orden**	**LA0350095KOMW**	**Ciudad y Fecha de emisión**	**Bogotá, Colombia 08/02/26**

Nombre Pasajero	Tipo de pasajero	Documento de Identificación
VINICIUS GUARILHA ALVES	Adulto	YF127746
AMANDA COCCIA	Adulto	A34255055
BENJAMIN COCCIA GUARILHA	Bebé	A36163569

Itinerario

N° de vuelo	Origen	Destino	Salida Fecha	Salida Horario	Llegada Fecha	Llegada Horario	Cabina	Tarifa	Asiento/Silla
LA4048	Bogotá (El Dorado Intl.)	Leticia (Gral. Alfredo Vasquez Cobo)	21/03/26	5:00 p. m.	21/03/26	7:04 p. m.	Economy	Basic	
LA4049	Leticia (Gral. Alfredo Vasquez Cobo)	Bogotá (El Dorado Intl.)	25/03/26	7:24 p. m.	25/03/26	9:30 p. m.	Economy	Basic	

Desglose de tu pago

Forma de pago

Número de ticket	Concepto	Monto
0352272721258 0352272721259 0352272721260	Vuelo Tasas y/o impuestos (1)	$ 896.400 $ 95.400
	Total pagado	**$ 991.800**

Tipo	Monto
Tarjeta de crédito / débito XXXXXXXXXXXX2530	$ 991.800

(1) CO: $ 95.400

Aerolíneas en este viaje

N° de vuelo	Aerolínea operadora / Código de reserva aerolínea	Aerolínea que factura
LA 4048	LATAM AIRLINES COLOMBIA / ETBYOC	AEROVIAS DE INTEGRACIÓN REGIONAL S.A.
LA 4049	LATAM AIRLINES COLOMBIA / ETBYOC	AEROVIAS DE INTEGRACIÓN REGIONAL S.A.

Información local

- Antes de viajar, revisa las **restricciones de entrada** para los distintos países debido al brote de COVID-19.
- Debido a situación COVID recuerda revisar la hora de **presentación en aeropuerto**, esta será indicada en tu boarding pass.
  - Si no pudiste hacer Check-in en el sitio y/o necesitas facturar equipaje en el aeropuerto, debes presentarte con la debida anticipación.
  - **Para vuelos internacionales:** 3 horas antes para vuelos saliendo desde Colombia y otros países y 2 horas antes saliendo desde Chile.
  - Para vuelos saliendo desde Madrid y Frankfurt la hora límite para realizar el Check-in y/o facturación de su equipaje es de 60 minutos antes de la salida del vuelo.
- Para pagos con medios de pago presenciales se genera la Tarifa Administrativa la cual se cobrará cumpliendo con los montos establecidos por la **Aeronáutica Civil de Colombia**

Términos y condiciones del equipaje

Equipaje permitido de acuerdo a tu tarifa

La tarifa Economy Basic permite:

Por cada pasajero:

- **En cabina:** 1 bolso o mochila pequeña con una dimensión máxima de 45 x 35 x 20 cm (alto, largo y ancho).

- Ten en cuenta que si tu equipaje de mano no cumple con estos requisitos será retenido y enviado a la bodega de avión, inclusive en la sala de embarque, pudiendo estar sujeto a cobro de acuerdo a los términos y condiciones de equipaje. **Revisa los términos y condiciones**.
- Un **bolso o mochila pequeña** (cartera, laptop o bolso de bebé), el cual deberá ser ubicado bajo el asiento delantero, excepto en primera fila y en filas de emergencia.
- Los **pasajeros infantes** (0-2 años) no tienen incluido el equipaje de bodega.

Elementos de valor

En el transporte de equipaje, LATAM no asume responsabilidad más allá de los límites establecidos por ley, por la pérdida daño o retardo de

Elementos no permitidos

NOTIFICACIÓN SOBRE MERCANCÍAS PELIGROSAS: El transporte de ciertas mercancías peligrosas, como los aerosoles, fuegos artificiales y líquidos

Anterior

Dados da sua reser va

Data/Horário atualizado

Referência rese

Brasília (BSB) para Maceió (MCZ)

UVHNSW

qui., 1º de jan. · 21h35 - sex., 2 de jan. · 0h10

Direto · 2 h 35 min · Econômica

GOL LINHAS AEREAS · G39026

Conferir detalhes do voo

Precisa de ajuda?

Temalgumadúvida?Acessea Central de Ajuda

Referência do cliente:40-773752356

Código PIN:0274

Pagamento

Total

Impostos e taxas incluídos €903,99

Conferir detalhes do preço

Dados para contato

+33623680803

viniciusguarilha04@gmail.com

Mais opções

Reservar novamente

Reenviar e-mail de confirmação

Abrir os dados da reserva no app

Baixar os dados da sua reserva

Data/Horário atualizado

Maceió (MCZ) para Brasília (BSB)

qui., 8 de jan. · 17h05 - qui., 8 de jan. · 19h30

Direto · 2 h 25 min · Econômica

GOL LINHAS AEREAS · G31999

Conferir detalhes do voo

Referência rese

UVHNSW

Dados do viajante

Vinicius GuarilhaAlves
Adulto · Masculino
Número do e-ticket
1277356832337

Amanda Rose Coccia
Adulto · Feminino
Número do e-ticket
1277356832338

Benjamin Leo Coccia Guarilha Alves
Criança · Masculino · 13 de fev. de 2025
Número do e-ticket
1277356832339

Bagagem

Número total de malas incluído para todos os viajantes

Voo para Maceió

2 itens pessoais
Cabem embaixo do assento à sua frente

2 bagagens de mão
9.8 x 13.8 x 21.7 polegadas · Peso máximo 26.5 lbs

Não inclui bagagem despachada

Ver bagagem por viajante

Voo para Brasília

2 itens pessoais
Cabem embaixo do assento à sua frente

2 bagagens de mão
9.8 x 13.8 x 21.7 polegadas · Peso máximo 26.5 lbs

Não inclui bagagem despachada

Ver bagagem por viajante

Para mais informações e opções de bagagem, verifique as políticas da companhia aérea:
GOL LINHAS AEREAS

Genius

Economia de viagem

Vinicius, economize até 10% na sua

TAM Linhas Aéreas S.A.
Rua Ática, 673, andar 6, sala 62, Jardim Brasil, São Paulo/SP, CEP: 04.634-042 02.012.862/0001-60 São Paulo Brasil

Informação sobre sua passagem

Este é o seu comprovante de compra e contém os detalhes do serviço adquirido.
O passageiro manterá em seu poder este bilhete, para fins de fiscalização em viagemTenha em mãos apenas o código de reserva e a documentação de embarque.

Informação da viagem

Código da reserva	**SAPVTJ**	**Nª de orden**	**LA9571202RIHK**	**Cidade e Data de emissão**	**Rio do janeiro, Brasil 30/03/24**

Nome do Passageiro	Tipo de passageiro	Documento de Identificação
VINICIUS GUARILHA ALVES	**Adulto**	00885698100
AMANDA ROSE COCCIA	**Adulto**	537058367

Itinerário

Nº de voo	Or i gem	Destino	Saída Data	Saída Horário	Chegada Data	Chegada Horário	Cabine	Tarifa	Assento
LA3757	G oian ia (Goiania)	B r asil ia (B r asil ia Intl.)	18/06/24	19:05	18/06/24	19:50	Economy	Standard	
LA3750	B r asil ia (B r asil ia Intl.)	Manaus (Eduardo Gomes)	18/06/24	21:50	18/06/24	23:50	Economy	Standard	

Detalhe do pagamento

Número da passagem	Con cei to	Va l or
9572150884848 9572150884849	Voo Taxas e/ou impostos (1)	R$ 1.110,56 R$ 89,64
	Total pago	**R$ 1.200,20**

Forma de pagamento

Tipo	Va l or
Cartão de crédito / débito XXXXXXXXXXXX0 4 0 5	R$ 1.200,20
(1) BR: R$ 89,64	

Companhias aéreas nesta viagem

Nº de voo	Companhia aérea operadora	Companhia aérea cobradora
LA 3757	LATAM AIRLINES BRASIL	TAM Linhas Aéreas S.A.
LA 3750	LATAM AIRLINES BRASIL	TAM Linhas Aéreas S.A.

You're Booked!

You'll getaconfirmationemail aswell,but check the details carefully here. Have a great trip! To protect the health and safety of our Guests and Team Members,Spiritrequires appropriate face coverings (over the nose and mouth) during travel. **Learn More.**

ADD TRIP TO CALENDAR

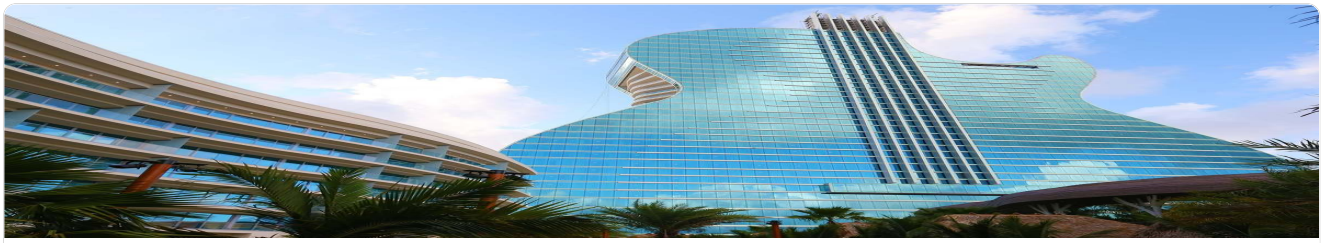
NOTE: This page is not your boarding pass.

Booking Date: January 17, 2022	**Status:** Confirmed	**Confirmation Code:** BGC3VW



Car!

Roam around your destination in a rental car for up to 35% less when you book with us.



Hotel!

Book a great hotel for less on our dedicated Spirit Hotels site!



Activity!

Looking for even more adventure on your trip? Check out these thrilling options.

Flights

March 20, 2022
Depart: Boston (BOS) 5:45 AM

Flight: NK1027
Arrive: New Orleans (MSY) 8:27 AM

March 24, 2022
Depart: New Orleans (MSY) 9:20 AM

Flight: NK1777
Arrive: Boston (BOS) 1:30 PM

Watch your emails for any flight time changes that may occur prior to your trip. Schedule change notifications will be sent to viniciusguarilha04@gmail.com up until the day of your departure. On the day you're traveling, you can reconfirm your flight times by visiting our website or by calling us directly at 1.855-728-3555. It is recommended that you arrive at the airport about 2 hours prior to your departure for domestic flights and 3 hours prior to departure for international flights.

Passengers

MR. VINICIUS GUARILHA ALVES
Free Spirit #:
Additional Info:

BOS - MSY: --
MSY - BOS: --
BOS - MSY: --
MSY - BOS: --

MS. AMANDA COCCIA
Free Spirit #:
Additional Info:

BOS - MSY: --
MSY - BOS: --
BOS - MSY: --
MSY - BOS: --

Contact

MR. VINICIUS GUARILHA ALVES
viniciusguarilha04@gmail.com
+1-802-349-2710

We'll keep you posted about any changes to this trip,
so please double check your email and phone number.

TOTAL PAID $219.52

TAM Linhas Aéreas S.A.
Rua Ática, 673, andar 6, sala 62, Jardim Brasil, São Paulo/SP, CEP: 04.634-042 02.012.862/0001-60 São Paulo Brasil

Informação sobre sua passagem

Este é o seu comprovante de compra e contém os detalhes do serviço adquirido.
O passageiro manterá em seu poder este bilhete, para fins de fiscalização em viagemTenha em mãos apenas o código de reserva e a documentação de embarque.

Informação da viagem

Código da reserva	**IGWNJZ**	**Nª de orden**	**LA9575253TGLT**	**Cidade e Data de emissão**	**Rio do janeiro, Brasil 30/03/24**

Nome do Passageiro	Tipo de passageiro	Documento de Identificação
VINICIUS GUARILHA ALVES	**Adulto**	00885698100
AMANDA ROSE COCCIA	**Adulto**	537058367

Itinerário

N° de voo	Or i gem	Destino	Saída Data	Saída Horário	Chegada Data	Chegada Horário	Cabine	Tarifa	Assento
LA4510	Manaus (Eduardo Gomes)	Fortaleza (Intl. Pin to Martins)	3 1/0 5/2 4	9:00	3 1/0 5/2 4	13:25	Economy	Standard	
LA3510	Fortaleza (Intl. Pin to Martins)	Sao Luis (Marechal Cunha Machado)	3 1/0 5/2 4	14 : 10	3 1/0 5/2 4	15:30	Economy	Standard	

Detalhe do pagamento

Número da passagem	Con cei to	Va l or
9572150883052 9572150883053	Voo Taxas e/ou impostos (1)	R$ 1.020,80 R$ 102,14
	Total pago	**R$ 1.122,94**

Forma de pagamento

Tipo	Va l or
Cartão de crédito / débito XXXXXXXXXXXX0 4 0 5	R$ 1.122,94

(1) BR: R$ 102,14

Companhias aéreas nesta viagem

N° de voo	Companhia aérea operadora	Companhia aérea cobradora
LA 4510	LATAM AIRLINES BRASIL	TAM Linhas Aéreas S.A.

Exhibit 7 - Evidence of Bona Fide Marriage: Documentation of Overseas Employments and Shared Relocations

Sujata Moorti
Vice President for Academic Affairs
and Dean of the Faculty
ovpaa@middlebury.edu

14 Old Chapel Road
Middlebury, VT 05753
802-443-5735
middlebury.edu

May 28, 2021

Mr. Vinicius Guarilha Alves
Strada Beiusului, nr. 70, ap. 16
Cluj-Napoca, Romania

Dear Mr. Guarilha,

On the recommendation of Professor Enrique Garcia, Chair of the Department of Luso-Hispanic Studies, I am pleased to offer you appointment as Assistant in Portuguese, part-time, during the academic year 2021-22, pending successful completion of a background check.

The terms of the appointment are as follows:

1. You will be paid at a rate of $21.00 per hour up to a maximum of 20 hours per week between September and May. (During our Winter Term in January, you may work up to 40 hours per week if your department has work for you.) During your first week on campus, you'll meet with International Student and Scholar Services to review your visa-related paperwork (if applicable) and Human Resources to complete an I-9 Employment Eligibility Form and other employment paperwork. Please be sure you bring original documents with you to expedite completion of this paperwork.

2. The College will cover the cost of round-trip economy class airfare between your home and Middlebury. Should you wish to change your date of departure from the U.S. in the spring, you will be charged any associated fees by the airline or travel agent. The College cannot be responsible for these costs. Please contact Robin Bentley (robin.bentley@milnetravel.com) or Carol Cooke (carol.cooke@milnetravel.com) at Milne Travel in Middlebury to book your round-trip ticket. You must make these reservations no later than July 15th. Please see item #10 in this letter which explains taxation of these benefits.

3. You will be covered under the College's student health plan, at no cost to you. Please note that the health insurance coverage will end in June, 2022. Because you will be living in the dorm or special interest housing with students, it is strongly recommended that you follow the immunization guidelines for students. You can find detailed information about student immunization requirements on the Parton Health Center website: http://www.middlebury.edu/student-life/health-wellness-education-and-safety/Parton-Center/new-student-health-form-instructions. You may log in to the student health portal and upload your immunization records, if desired. Health Center staff will then check your compliance against Vermont state requirements. If you desire to obtain immunizations to achieve compliance with Vermont requirements for students, you can contact the nurse line (802-443-3290) at the Parton Health Center for assistance upon your arrival at Middlebury. It is strongly recommended that you have your immunization records with you while at Middlebury in the event of a communicable disease outbreak.

4. Classes begin on Monday, September 13, but you will need to arrive earlier in order to participate in faculty orientation. Since we are still in the early stages of planning for the fall, we will contact you about your arrival date as soon as we can.

5. You will live in the Portuguese-language house with students who have made a commitment to speak only Portuguese, and eat in the student dining halls at the Portuguese-language table. You will encourage the use of Portuguese by providing a linguistic model and by organizing cultural and recreational activities that will promote Brazilian language and culture. These activities could include—but are not limited to—movie & video showings, "cafezinhos", guest lectures, theme dinners, parties, etc. You will be in touch with officers of student organizations that provide funding for such activities. You will assist the director of the C.V. Starr Middlebury School in Latin America in Brazil by correcting the language use of the *cadernos latino-americanos* students are requested to write each semester. Meals will be provided by the College when school is in session and dining halls are open. You should plan to be available on campus through the end of the examination period each semester, and we hope you will stay for the Commencement ceremonies. You will need to vacate your room by the end of that day.

6. You will assist the faculty of the department as necessary: this might include leading conversation sections; leading discussion or drill sections; conducting oral interviews of exams; or occasionally substituting for faculty away at conferences. This will average six hours per week each semester. During Winter Term you will also help the department with activities in the House, plus assisting with drill sections and exams, for an average of six hours per week.

7. As a requirement of your visa, you must be enrolled as a student at Middlebury College. Therefore, you must enroll in, and successfully complete, a minimum of one course per semester (fall and spring terms). You will not be charged tuition for these courses.

8. Should you wish to attend a professional conference to present a paper, you will have access to $650 from the Faculty Professional Development Fund. You will be receiving information about accessing these funds later in the summer from the Office of Dean for Faculty Development and Research. Please also see item #10 in this letter regarding taxation.

9. In August the College's Tax Office will contact you via email asking for address, current and past visa as well as passport information via a secure online website. It is your responsibility to comply with this request in a timely manner.

10. Please keep in mind that your stipend will be reported to the U.S. Internal Revenue Service as wages. The cost of your international flight and any expense associated with attending a professional conference will also be reported as a fellowship benefit. Unless a treaty applies between the U.S. and your tax residence country, you will be taxed (at a maximum of 30%) on both. You will be required to file an income tax return with the U. S. Internal Revenue Service and with the State of Vermont, by April 15, 2022. In February 2022 you will receive the necessary forms to file your tax returns. Please make sure we have your correct mailing and email address on file.

11. As part of Middlebury's commitment to provide a campus and workplace environment that is safe for all employees and students, you will also be required to complete an online course titled, "Intersections: Preventing Harassment and Sexual Violence." You should receive an email from SafeColleges, the course provider, shortly after completing 30 days of employment. The email will include instructions and a link to the course. If you have questions, please contact your supervisor.

12. The date noted above describes a maximum, not a minimum term, because all employees at Middlebury College are considered "at-will" employees. No employment contract is express or implied. Your employment is also governed by the provisions of the College's Employee Handbook (www.middlebury.edu/about/handbook). Important information related to the College's policy on Sexual Harassment can be found in the handbook as well.

If you agree to the terms outlined in this document, please sign and submit it through Adobe Sign.

International Student and Scholar Services (ISSS) is the office that will assist you with any needed visa support services. ISSS will contact you via email regarding visa support services needed after you sign this contract. If you have questions, you can contact them directly at isss@middlebury.edu .

The faculty and students look forward to meeting and welcoming you in the fall. Please let Professor Garcia know in advance when you will be arriving so that arrangements can be made to pick you up from the airport and provide you with keys to your room. Professor Garcia or the departmental coordinator will also be glad to offer any assistance you may need with travel arrangements and making campus appointments.

Sincerely,



Sujata Moorti
Vice President for Academic Affairs
and Dean of the Faculty

cc: Professor Garcia, Human Resources, Payroll, Student Housing, Registrar, ISSS office

I agree to the terms of the appointment outlined in this document.

Vinicius Guarilha Alves
Vinicius Guarilha Alves (May 28, 2021 23:34 GMT+3)

Vinicius Guarilha Alves

May 28, 2021

Date

Contract for serving as TA at Middlebury College

Final Audit Report 2021-05-28

Created:	2021-05-28
By:	Donna McDurfee (mcdurfee@middlebury.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2lVli2xNtQ1-dYnlAzAdWnRnpi7U9FNc

"Contract for serving as TA at Middlebury College" History

Document created by Donna McDurfee (mcdurfee@middlebury.edu)
2021-05-28 - 5:55:54 PM GMT- IP address: 73.142.135.188

Document emailed to Vinicius Guarilha Alves (viniciusguarilha04@gmail.com) for signature
2021-05-28 - 5:56:36 PM GMT

Email viewed by Vinicius Guarilha Alves (viniciusguarilha04@gmail.com)
2021-05-28 - 6:11:27 PM GMT- IP address: 66.249.81.101

Document e-signed by Vinicius Guarilha Alves (viniciusguarilha04@gmail.com)
Signature Date: 2021-05-28 - 8:34:01 PM GMT - Time Source: server- IP address: 188.27.130.134

Agreement completed.
2021-05-28 - 8:34:01 PM GMT

BOSTON COLLEGE
Morrissey College of Arts and Sciences
GRADUATE PROGRAMS

February 15, 2022

Amanda Coccia
1 Emily Ct
Medford, NY 11763-4000

Dear Amanda,

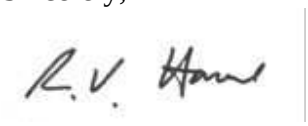
Congratulations! It gives me great pleasure to inform you of your acceptance to the MA in French Literature and Culture program, in the Morrissey College of Arts and Sciences, beginning Fall 2022. I commend you on the strength of your qualifications and your preparation for graduate studies.

You have been appointed a Teaching Fellowship in the Romance Languages and Literatures Department for the 2022-2023 academic year. This appointment carries a stipend of $22,000 and is compensation for duties as determined by your department. In addition, you have been granted a 16 credit tuition scholarship for the 2022 -2023 academic year. This award is made on the basis of academic merit and is not considered compensation for services to the University.

You have until April 15, 2022 to consider the offer of admission; however, I would appreciate it if you would let me know as soon as possible, so that I may communicate effectively with applicants on the wait list. Please complete and submit the Acknowledgement Form no later than April 15, 2022 (EST).

Once again, I congratulate you on your offer of admission and hope that you choose to join us. Please feel free to contact me should you have any questions or require any additional information.

Sincerely,



Robert Howe
Associate Dean
Morrissey College of Arts and Sciences

Please note: As a condition of your acceptance, we require official copies of transcripts from the institutions listed on your application form. Bachelor degree transcripts must include the degree conferred and the date of degree conferral. Official transcripts must be received no later than July 15, 2022. Please visit our website if you require instruction regarding the submission of official transcripts.

Gmail Vinicius G. <viniciusguarilha04@gmail.com>

Welcome to Boston College!

1 mensagem

Boston College - Morrissey College of Arts and Sciences <gsasinfo@bc.edu> 15 de abril de 2022 às 11:00
Responder a: gsasinfo@bc.edu
Para: viniciusguarilha04@gmail.com

BOSTON COLLEGE

GRADUATE PROGRAMS

Dear Vinicius,

Congratulations once again on your admission to the Graduate School of the Morrissey College of Arts and Sciences at Boston College! You have chosen to immerse yourself in a learning community that is academically rigorous and intellectually curious. We look forward to you joining our community of scholars and we welcome the opportunity to assist you before your arrival in Chestnut Hill.

You were assigned a Boston College Username and Eagle ID (these can be found on your Application Status page) during the application process. These confidential credentials will enable you to access the University Portal; your key to many electronic services at the University including class registration, course grades, accounts payable, email, and much more.

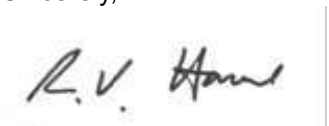
Massachusetts state law requires all students to complete immunization forms prior to the start of classes. Please submit your forms to University Health Services by July 1, 2022 to prevent a hold on your registration and an administrative late fee on your student account.

Finally, I encourage you to visit our newly admitted students page to assist you with your transition to Boston College. This page contains a wealth of information, events and links to help get you started.

If you have any additional questions please contact our admissions office by email gsasinfo@bc.edu or by phone (617) 552.3265. Please inform us of any contact information updates over the coming months to ensure receipt of important information.

Thank you for choosing to be part of the Boston College community. I look forward to seeing you on The Heights this fall.

Sincerely,



Robert V. Howe
Associate Dean
Morrissey College of Arts and Sciences

© Boston College, 2022

BOSTON COLLEGE

ROMANCE LANGUAGES AND LITERATURES DEPARTMENT

Academic year: 2022-2023
(Année universitaire)

Internship agreement between
(Convention de stage entre)

NB: for the sake of simplicity, the persons referred to in this document are designated "he"

1 - THE EDUCATIONAL OR TRAINING INSTITUTION
(L'ETABLISSEMENT D'ENSEIGNEMENT OU DE FORMATION)

Name *(Nom)*: Boston College

Address *(Adresse)*: 140 Commonwealth Ave
Chestnut Hill, MA 02467, USA

☎ +1 617 552 8000

Represented by (agreement-signing party) *(Représenté par (signataire de la convention))*:
Franco Mormando

Capacity of the representative *(Qualité du représentant)*:
Chairperson

Department/UFR *(Composante/UFR)*:
Romance Languages & Literatures

☎ 617 552 6346

email: mormando@bc.edu

Address (if different from that of the institution) *(Adresse (si différente de celle de l'établissement)* :.

2 - HOST ORGANIZATION
(L'ORGANISME D'ACCUEIL)

Name *(Nom)*: Accent Français

Address *(Adresse)*: 2, rue de Verdun
34000 Montpellier, FRANCE

Represented by (agreement-signing party) *(Représenté par (nom du signataire de la convention))*: Stéphanie Checa

Capacity of the representative *(Qualité du représentant)*:
Director of Quality and Development

Department in which the internship will be conducted *(Service dans lequel le stage sera effectué)*: Cultural activities

☎ 0033467581268

email: stephanie.checa@accentfrancais.com

Location of internship (if different from that of the organization) *(Lieu du stage (si différent de l'adresse de l'organisme))*:

3 - THE INTERN *(LE STAGIAIRE)*

Last name *(Nom)*: Coccia First name *(Prénom)*: Amanda Sex: F ☒ M ☐ Date of Birth *(Né le)*: 30 / 12 / 1999

Address *(Adresse)*: 144 Kenrick St
Brighton, MA 02135, USA

☎ 631 398 7094 . email: amandacoccia@gmail.com

TITLE OF INTERNSHIP OR TRAINING COURSE TAKEN AT THE INSTITUTION OF HIGHER EDUCATION, AND HOUR VOLUME (ANNUAL OR HALF-YEARLY):
(INTITULE DE LA FORMATION OU DU CURSUS SUIVI DANS L'ETABLISSEMENT D'ENSEIGNEMENT SUPERIEUR ET VOLUME HORAIRE (ANNUEL OU SEMESTRIEL))
Cultural Activity. Intern

SUBJECT OF INTERNSHIP *(SUJET DE STAGE)* Language-immersive cultural experiences

Dates: From *(Du)* June 5 To *(Au)* August 4

Representing a **total duration** of 2 (Number of ~~Weeks~~ xxxxx / Months (cross out the inappropriate item))
(Représentant une durée totale de) *(Nombre de Semaines / de Mois (rayer la mention inutile))*

corresponding to *(Et correspondant à)* 45 actual days of attendance at the host organization *(Jours de présence effective dans l'organisme d'accueil)*

and corresponding to *(Et correspondant à)* 180 actual hours of attendance at the host organization *(Heures de présence effective dans l'organisme d'accueil)*

Distribution, in case of discontinuous attendance : 0 Number of hours per week or hours per day (cross out the inappropriate item)
(Répartition si présence discontinue) *(nombre d'heures par semaine ou nombre d'heures par jour (rayer la mention inutile))*

Comments *(Commentaire)*:

SUPERVISION OF INTERN BY THE EDUCATIONAL INSTITUTION
(ENCADREMENT DU STAGIAIRE PAR L'ETABLISSEMENT D'ENSEIGNEMENT)

First and Last name of academic advisor *(Nom et prénom de l'enseignant référent)*:
Franco Mormando

Position (or discipline) *(Fonction (ou discipline))*: Chairperson of Romance Lang & Lit

☎ +1 617 552 8000 email: mormando@bc.edu

SUPERVISION OF INTERN BY THE HOST ORGANIZATION
(ENCADREMENT DU STAGIAIRE PAR L'ORGANISME D'ACCUEIL)

Full name of training supervisor *(Nom et prénom du tuteur de stage)*:
Stéphanie Checa

Position *(Fonction)*: Director of Quality & Development

☎ 0033467581268 email: stephanie.checa@accentfrancais.com

Primary health insurance agency to contact in case of accident (corresponds to intern's place of residence, unless otherwise specified):
(*Caisse primaire d'assurance maladie à contacter en cas d'accident (lieu de domicile du stagiaire sauf exception))*
United Healthcare - Oxford

Article 1 - Purpose of the Agreement
This Agreement governs the host organization's relationship with the educational institution and the intern.

Article 1 – Objet de la convention
La présente convention règle les rapports de l'organisme d'accueil avec l'établissement d'enseignement et le stagiaire.

Article 2 - Objective of Internship
The internship is a temporary period of work in a professional environment, where the student will acquire professional skills and put into practice the knowledge gained from his education in view of earning a diploma or certificate, and facilitating his professional integration. The intern will be given one or more tasks, in conformance with the educational plan established by the educational institution and approved by the host organization.
The educational institution and the host organization will establish the schedule based on the general training program being offered.
ACTIVITIES ASSIGNED:
……Organization of cultural language-immersion excursions……..
……Secretarial duties……
……
……

SKILLS TO BE ACQUIRED OR DEVELOPED:
…event planning, organizational skills, language developpment……..
……
……

Article 2 – Objectif du stage
Le stage correspond à une période temporaire de mise en situation en milieu professionnel au cours de laquelle l'étudiant(e) acquiert des compétences professionnelles et met en œuvre les acquis de sa formation en vue de l'obtention d'un diplôme ou d'une certification et de favoriser son insertion professionnelle. Le stagiaire se voit confier une ou des missions conformes au projet pédagogique défini par son établissement d'enseignement et approuvées par l'organisme d'accueil.
Le programme est établi par l'établissement d'enseignement et l'organisme d'accueil en fonction du programme général de la formation dispensée.
ACTIVITES CONFIEES : …
COMPETENCES A ACQUERIR OU A DEVELOPPER : ….

Article 3 - Terms of Internship
The weekly duration of the intern's presence at the host organization will be .....20..... hours, on a ~~full-time~~ / part time basis (*cross out the inappropriate item*)

If the intern's presence at the host organization is to be required at night, or on Sunday or during a public holiday, specify the specific cases:
……N/A……
……
……
……

Article 3 – Modalités du stage
La durée hebdomadaire de présence du stagiaire dans l'organisme d'accueil sera de …… heures sur la base d'un temps complet/ temps partiel (rayer la mention inutile),
Si le stagiaire doit être présent dans l'organisme d'accueil la nuit, le dimanche ou un jour férié, préciser les cas particuliers : ……..

Article 4 - Intern hosting and supervision
The intern will be supervised by his academic advisor, as designated in this agreement, as well as by the institution's internship program office.
The internship supervisor appointed by the host organization in this Agreement shall be responsible for supervising the intern and ensuring optimal conditions for the execution of the internship in accordance with the specified educational requirements.
The intern shall be permitted to return to his educational institution during the internship period in order to take the courses specifically required by the program, or to attend meetings; the institution shall notify the host organization of the corresponding dates.
The host organization may permit the intern to travel.
Any difficulties encountered in the execution and progress of the internship,

(4 – continued)
whether observed by the intern or by the internship supervisor, must be brought to the attention of the academic advisor and the educational institution so that the issue can be resolved as quickly as possible.

SUPERVISORY PROCEDURES (visits, scheduled telephone calls, etc.)
……regular in-person check-ins……
……
……
……

Article 4 – Accueil et encadrement du stagiaire
Le stagiaire est suivi par l'enseignant référent désigné dans la présente convention ainsi que par le service de l'établissement en charge des stages.
Le tuteur de stage désigné par l'organisme d'accueil dans la présente convention est chargé d'assurer le suivi du stagiaire et d'optimiser les conditions de réalisation du stage conformément aux stipulations pédagogiques définies.
Le stagiaire est autorisé à revenir dans son établissement d'enseignement pendant la durée du stage pour y suivre des cours demandés explicitement par le programme, ou pour participer à des réunions ; les dates sont portées à la connaissance de l'organisme d'accueil par l'établissement.
L'organisme d'accueil peut autoriser le stagiaire à se déplacer.
(Article 4 suite) Toute difficulté survenue dans la réalisation et le déroulement du stage, qu'elle soit constatée par le stagiaire ou par le tuteur de stage, doit être portée à la connaissance de l'enseignant-référent et de l'établissement d'enseignement afin d'être résolue au plus vite.
MODALITES D'ENCADREMENT (visites, rendez-vous téléphoniques, etc) …

Article 5 - Stipend - Benefits
In France, whenever an internship is to have a duration greater than two months, whether they run consecutively or not, a stipend must be paid, except as provided under special regulations applicable for certain French overseas collectivities or for internships covered by article L4381-1 of the Public Health Code.
The amount of the hourly stipend shall be 15% of the hourly ceiling for social security established pursuant to article L.241-3 of the Social Security Code. A sector-specific convention or labor agreement may set an amount greater than that rate.
Stipends payable by an organization under public law may not be combined with any remuneration to be paid by the same organization during the relevant period.
Stipends are payable without prejudice to any reimbursement of expenses incurred by the intern for purposes of his internship, or any benefits offered for meals, accommodations and transportation.
The organization may decide to pay a stipend for internships with a duration of two months or less.
In case of a suspension or termination of this agreement, the amount of the stipend due to the intern shall be prorated based on the duration of the internship conducted.
Internship durations qualifying for the payment of a stipend are determined in consideration of this agreement and any amendments thereto, as well as the number of days of the intern's physical presence within the organization.

THE AMOUNT OF THE STIPEND is set at €……0…….. per hour / day / month (*cross out any inappropriate items*)

OTHER BENEFITS GRANTED: …N/A……
……
……
……

Article 5 – Gratification - Avantages
En France, lorsque la durée du stage est supérieure à deux mois consécutifs ou non, celui-ci fait obligatoirement l'objet d'une gratification, sauf en cas de règles particulières applicables dans certaines collectivités d'outre-mer françaises et pour les stages relevant de l'article L4381-1 du code de la santé publique.
Le montant horaire de la gratification est fixé à 13,75 % du plafond horaire de la sécurité sociale défini en application de l'article L.241-3 du code de la sécurité sociale. Une convention de branche ou un accord professionnel peut définir un montant supérieur à ce taux.
La gratification due par un organisme de droit public ne peut être cumulée

(5 – suite)
avec une rémunération versée par ce même organisme au cours de la période concernée.
La gratification est due sans préjudice du remboursement des frais engagés par le stagiaire pour effectuer son stage et des avantages offerts, le cas échéant, pour la restauration, l'hébergement et le transport.
L'organisme peut décider de verser une gratification pour les stages dont la durée est inférieure ou égale à deux mois.
En cas de suspension ou de résiliation de la présente convention, le montant de la gratification due au stagiaire est proratisé en fonction de la durée du stage effectué.
La durée donnant droit à gratification s'apprécie compte tenu de la présente convention et de ses avenants éventuels, ainsi que du nombre de jours de présence effective du/de la stagiaire dans l'organisme.
LE MONTANT DE LA GRATIFICATION est fixé à. … € par heure / jour / mois (rayer les mentions inutiles)
AUTRES AVANTAGES ACCORDES: ……

Article 6 - Social Welfare Coverage Framework
For the duration of his internship, the intern shall remain covered under his previous former social welfare protection framework.
Internships conducted abroad shall be reported to the Social Security administration when required, prior to the intern's departure.
For internships conducted abroad, the following provisions shall apply, subject to their conformance with the legislation in effect in the host country and the laws governing the host organization.

Article 6 – Régime de protection sociale
Pendant la durée du stage, le stagiaire reste affilié à son régime de Sécurité sociale antérieur.
Les stages effectués à l'étranger sont signalés préalablement au départ du stagiaire à la Sécurité sociale lorsque celle-ci le demande.
Pour les stages à l'étranger, les dispositions suivantes sont applicables sous réserve de conformité avec la législation du pays d'accueil et de celle régissant le type d'organisme d'accueil.

6-1 Maximum stipend of 13.75% of the hourly ceiling for social security:
The stipend is not subject to payroll tax.
The intern shall have the benefit of the legislation on workplace accidents, under the students' framework set forth in article L.412-8 no. 2 of the Social Security code.
If accidents impacting the intern occur, either during his activities within the organization, or during his commute, or on premises used for the purposes of the internship, and also for students of medicine, dental surgery, or pharmacy without hospital-staff status, engaged in an internship conducted under the conditions provided in item b of the 2nd section of Article L.412-8, the host organization shall send a statement to the Primary Health Insurance Agency or appropriate agency (see address on page 1), indicating the educational institution as the employer, and shall send a copy to the educational institution as well.

6-1 Gratification d'un montant maximum de 13,75 % du plafond horaire de la sécurité sociale :
La gratification n'est pas soumise à cotisation sociale.
Le stagiaire bénéficie de la législation sur les accidents de travail au titre du régime étudiant de l'article L.412-8 2° du code de la sécurité sociale.
En cas d'accident survenant au stagiaire soit au cours d'activités dans l'organisme, soit au cours du trajet, soit sur les lieux rendus utiles pour les besoins du stage et pour les étudiants en médecine, en chirurgie dentaire ou en pharmacie qui n'ont pas un statut hospitalier pendant le stage effectué dans les conditions prévues au b du 2e de l'article L.412-8, l'organisme d'accueil envoie la déclaration à la Caisse Primaire d'Assurance Maladie ou la caisse compétente (voir adresse en page 1) en mentionnant l'établissement d'enseignement comme employeur, avec copie à l'établissement d'enseignement.

6.2 - Stipend greater than 13.75% of the hourly ceiling for social security:
Payroll taxes are calculated based on the difference between the amount of the stipend and 13.75% of the hourly ceiling for social security.
The student shall have the benefit of legal coverage under the provisions of L.411-1 et seq. of the social security code. If accidents impacting the intern occur, either during his activities within the organization, or during his commute, or on premises used for the purposes of the internship, the host organization shall handle the necessary formalities with the Primary Health Insurance Agency and shall inform the institution as soon as possible.

***6.2 – Gratification supérieure** à 13,75 % du plafond horaire de la sécurité sociale :*
Les cotisations sociales sont calculées sur le différentiel entre le montant de la gratification et 13,75 % du plafond horaire de la Sécurité Sociale.
L'étudiant bénéficie de la couverture légale en application des dispositions des articles L.411-1 et suivants du code de la Sécurité Sociale. En cas d'accident survenant au stagiaire soit au cours des activités dans l'organisme, soit au cours du trajet, soit sur des lieux rendus utiles pour les besoins
(6.2 suite)
de son stage, l'organisme d'accueil effectue toutes les démarches nécessaires auprès de la Caisse Primaire d'Assurance Maladie et informe l'établissement dans les meilleurs délais.

6.3 - Health Insurance for interns working abroad
1) Coverage originating in the French students' coverage framework
- for internships within the European Economic Area (EEA) conducted by nationals of a State of the European Union or of Norway, Iceland, Liechtenstein or Switzerland, or of any another State (in the latter case this provision shall not apply for internships in Denmark, Norway, Iceland, Liechtenstein or Switzerland), students must apply for a European Health Insurance Card (EHIC).
- for internships conducted in Quebec by students of French nationality, students must request form SE401Q (104 for internships at companies, and 106 for university internships);
- In all other cases, students who incur medical expenses may be reimbursed by the mutual insurance company serving as their student Social Security Agency, upon their return and upon presentation of receipts: reimbursement shall then be provided carried out on the basis of French healthcare rates. Significant differences may exist between the costs incurred and the French rates serving as the basis for reimbursement. It is strongly advised that students to take out specific additional health insurance coverage valid for the country in question and for the duration of their internships, the course, from the insurance company of their choice (students' mutual insurance, parents' mutual insurance, ad hoc private company, etc.), or, possibly, after checking the extent of the guarantees proposed, from the host organization if it provides health coverage to interns under local law (see item 2 below).
2) Social welfare protection from the host organization
By checking the appropriate box below, the host organization indicates whether it provides health insurance coverage to the intern under local law:
☐ YES: This coverage is in addition to the maintenance abroad of rights granted under French law
☒ NO: coverage is thus exclusively provided from the maintenance abroad of the rights granted under the French student coverage framework).
If neither box is checked, item 6.3-1 shall apply.

6.3 – Protection Maladie du/de la stagiaire à l'étranger
1) Protection issue du régime étudiant français
- pour les stages au sein de l'Espace Economique Européen (EEE) effectués par des ressortissants d'un Etat de l'Union Européenne, ou de la Norvège, de l'Islande, du Liechtenstein ou de la Suisse, ou encore de tout autre Etat (dans ce dernier cas, cette disposition n'est pas applicable pour un stage au Danemark, Norvège, Islande, Liechtenstein ou Suisse), l'étudiant doit demander la Carte Européenne d'Assurance Maladie (CEAM).
- pour les stages effectués au Québec par les étudiant(e)s de nationalité française, l'étudiant doit demander le formulaire SE401Q (104 pour les stages en entreprises, 106 pour les stages en université) ;
- dans tous les autres cas les étudiants qui engagent des frais de santé peuvent être remboursés auprès de la mutuelle qui leur tient lieu de Caisse de Sécurité Sociale étudiante, au retour et sur présentation des justificatifs : le remboursement s'effectue alors sur la base des tarifs de soins français. Des écarts importants peuvent exister entre les frais engagés et les tarifs français base du remboursement. Il est donc fortement conseillé aux étudiants de souscrire une assurance Maladie complémentaire spécifique, valable pour le pays et la durée du stage, auprès de l'organisme d'assurance de son choix (mutuelle étudiante, mutuelle des parents, compagnie privée ad hoc…) ou, éventuellement et après vérification de l'étendue des garanties proposées, auprès de l'organisme d'accueil si celui-ci fournit au stagiaire une couverture Maladie en vertu du droit local (voir 2e ci-dessous).
2) Protection sociale issue de l'organisme d'accueil
En cochant la case appropriée, l'organisme d'accueil indique ci-après s'il fournit une protection Maladie au stagiaire, en vertu du droit local :
☐ OUI : cette protection s'ajoute au maintien, à l'étranger, des droits issus du droit français
☐ NON : la protection découle alors exclusivement du maintien, à l'étranger, des droits issus du régime français étudiant).

(6.3 – suite)
Si aucune case n'est cochée, le 6.3 – 1 s'applique.

6.4 Workplace Accident Coverage for interns abroad

1)In order to benefit from French legislation providing coverage for workplace accidents, this internship must:
- have a duration not exceeding six months, including any extensions;
- not include any remuneration that may tend to qualify for rights to workplace accident protection in the host country; compensations or stipends are acceptable, up to the limit of 13.75% of the hourly ceiling for social security (see point 5), and subject to approval by the Primary Health Insurance Agency of a request for the maintenance of such rights;
- take place exclusively within the organization signing this agreement;
- take place exclusively in the abovementioned foreign host country.

When these conditions are not met, the host organization undertakes to contribute to the intern's welfare protection and make the necessary declarations in case of workplace accidents.

2)The workplace accident statement is the responsibility of the educational institution, which must be informed of such events in writing within 48 hours by the host organization.

3)The coverage concerns accidents occurring:
• within the internship location and during internship working hours,
• on the normal commute to and from the intern's residence in the foreign nation and the internship location,
• as part of an assignment provided by the intern's host organization upon formal assignment mandate,
• during the first trip from his domicile to his place of residence during the internship (travel on the internship start date),
• during the final return trip from his residence during the internship to his personal domicile.

4) In the event that one of the conditions set forth in section 6.4-1 / is not satisfied, the host organization commits to cover the intern for the risks of workplace accidents, travel accidents, and occupational disease, and provide all the necessary statements of coverage.

5) In all cases:
• if the student is the victim of a workplace accident during his internship, the host organization must immediately notify the educational institution of the accident;
• if the student performs limited assignments outside of the host organization or outside of the internship country, the host organization must take all necessary steps to provide him with the appropriate insurance.

6.4 Protection Accident du Travail du stagiaire à l'étranger

1) Pour pouvoir bénéficier de la législation française sur la couverture accident de travail, le présent stage doit :
- être d'une durée au plus égale à 6 mois, prolongations incluses ;
- ne donner lieu à aucune rémunération susceptible d'ouvrir des droits à une protection accident de travail dans le pays d'accueil ; une indemnité ou gratification est admise dans la limite de 13,75 % du plafond horaire de la sécurité sociale (cf point 5), et sous réserve de l'accord de la Caisse Primaire d'Assurance Maladie sur la demande de maintien de droit ;
- se dérouler exclusivement dans l'organisme signataire de la présente convention ;
- se dérouler exclusivement dans le pays d'accueil étranger cité.
Lorsque ces conditions ne sont pas remplies, l'organisme d'accueil s'engage à cotiser pour la protection du stagiaire et à faire les déclarations nécessaires en cas d'accident de travail.
2) La déclaration des accidents de travail incombe à l'établissement d'enseignement qui doit en être informé par l'organisme d'accueil par écrit dans un délai de 48 heures.
3)La couverture concerne les accidents survenus :
• dans l'enceinte du lieu du stage et aux heures du stage,
• sur le trajet aller-retour habituel entre la résidence du stagiaire sur le territoire étranger et le lieu du stage,
• dans le cadre d'une mission confiée par l'organisme d'accueil du stagiaire et obligatoirement par ordre de mission,
• lors du premier trajet pour se rendre depuis son domicile sur le lieu de sa résidence durant le stage (déplacement à la date du début du stage),
• lors du dernier trajet de retour depuis sa résidence durant le stage à son domicile personnel.
4) Pour le cas où l'une seule des conditions prévues au point 6.4-1/ n'est pas remplie, l'organisme d'accueil s'engage à couvrir le/la stagiaire contre le risque d'accident de travail, de trajet et les maladies professionnelles et à en assurer toutes les déclarations nécessaires.
5) Dans tous les cas :

(6.4 – suite)
• si l'étudiant est victime d'un accident de travail durant le stage, l'organisme d'accueil doit impérativement signaler immédiatement cet accident à l'établissement d'enseignement ;
• si l'étudiant remplit des missions limitées en-dehors de l'organisme d'accueil ou en-dehors du pays du stage, l'organisme d'accueil doit prendre toutes les dispositions nécessaires pour lui fournir les assurances appropriées.

Article 7 - Liability and Insurance

The host organization and the intern declare that they possess civil liability coverage.
For internships abroad or in overseas territories, the intern agrees to take out a travel assistance insurance contract (repatriation for health reasons, legal assistance, etc.) and an individual accident insurance policy.
When the host organization makes a vehicle available to the intern, it is its responsibility to check beforehand that the car's insurance policy includes coverage for its use by a student.
When the student is to use his own vehicle or a vehicle loaned by a third party for purposes of his internship, he shall expressly inform the insurer of the vehicle and, where applicable, pay the corresponding premium.

Article 7 – Responsabilité et assurance

L'organisme d'accueil et le stagiaire déclarent être garantis au titre de la responsabilité civile.
Pour les stages à l'étranger ou outremer, le stagiaire s'engage à souscrire un contrat d'assistance (rapatriement sanitaire, assistance juridique…) et un contrat d'assurance individuel accident.
Lorsque l'organisme d'accueil met un véhicule à la disposition du stagiaire, il lui incombe de vérifier préalablement que la police d'assurance du véhicule couvre son utilisation par un étudiant
Lorsque dans le cadre de son stage, l'étudiant utilise son propre véhicule ou un véhicule prêté par un tiers, il déclare expressément à l'assureur dudit véhicule et, le cas échéant, s'acquitte de la prime y afférente.

Article 8 - Discipline

The intern shall be subject to the applicable internal disciplinary and regulatory terms, of which he shall be made aware prior to the start of the internship, particularly in regard to schedules and to the health and safety regulations in effect at the host organization.
Disciplinary sanctions may only be imposed by decision of the educational institution. In such case, the host organization shall inform the academic advisor and the institution of the non-compliance and shall provide any supporting evidence.
In case of a particularly serious breach of discipline, the host organization reserves the right to terminate the internship, while respecting the provisions set forth in article 9 of this agreement.

Article 8 – Discipline

Le stagiaire est soumis à la discipline et aux clauses du règlement intérieur qui lui sont applicables et qui sont portées à sa connaissance avant le début du stage, notamment en ce qui concerne les horaires et les règles d'hygiène et de sécurité en vigueur dans l'organisme d'accueil.
Toute sanction disciplinaire ne peut être décidée que par l'établissement d'enseignement. Dans ce cas, l'organisme d'accueil informe l'enseignant référent et l'établissement des manquements et fournit éventuellement les éléments constitutifs.
En cas de manquement particulièrement grave à la discipline, l'organisme d'accueil se réserve le droit de mettre fin au stage tout en respectant les dispositions fixées à l'article 9 de la présente convention.

Article 9 - Leave - Internship Interruption

In France (except as provided under special regulations applicable for certain French overseas collectivities or for organizations under public law), in case of pregnancy, paternity or adoption, the intern shall be granted time off and leaves of absence for a period equivalent to that granted to employees under articles L.1225-16 to L.1225-28, L.1225-35, L.1225-37, and L.1225-46 the labor code.
Time off or leaves of absence are possible for internships lasting more than 2 months but less than 6 months.
NUMBER OF DAYS OF AUTHORIZED LEAVE / or terms of time off and leaves of absence during the internship: …0……..
The host organization shall notify the educational institution of any other temporary interruption of the internship (illness, unjustified absence, etc.) by mail.
Notice of any interruption of the internship shall be provided to the other parties to the agreement and the academic advisor. A validation procedure

(9 – continued)

shall be implemented by the educational institution as needed.

A postponement of the internship end date is possible, if approved by the parties to the agreement, so as to permit the full duration of the internship as originally planned. This postponement will be the subject of an amendment to the internship agreement.

If a joint request is made by the host organization and the intern to extend the duration of the internship up to the maximum duration prescribed by law (6 months), an amendment may be made to the agreement.

If any of the three parties (host organization, intern, educational institution) wish to put an end to the internship, such party must immediately inform the other two parties in writing. The reasons given will be examined in close consultation. The definitive decision to terminate the internship shall be made at the end of this consultation phase.

Article 9 – Congés – Interruption du stage

En France (sauf en cas de règles particulières applicables dans certaines collectivités d'outre-mer françaises ou dans les organismes de droit public), en cas de grossesse, de paternité ou d'adoption, le stagiaire bénéficie de congés et d'autorisations d'absence d'une durée équivalente à celle prévues pour les salariés aux articles L.1225-16 à L.1225-28, L.1225-35, L.1225-37, L.1225-46 du code du travail.

Pour les stages dont la durée est supérieure à deux mois et dans la limite de la durée maximale de 6 mois, des congés ou autorisations d'absence sont possibles.

NOMBRE DE JOURS DE CONGES AUTORISES / ou modalités des congés et autorisations d'absence durant le stage : …

Pour toute autre interruption temporaire du stage (maladie, absence injustifiée…) l'organisme d'accueil avertit l'établissement d'enseignement par courrier.

Toute interruption du stage, est signalée aux autres parties à la convention et à l'enseignant référent. Une modalité de validation est mise en place le cas échéant par l'établissement.

En cas d'accord des parties à la convention, un report de la fin du stage est possible afin de permettre la réalisation de la durée totale du stage prévue initialement. Ce report fera l'objet d'un avenant à la convention de stage.

Un avenant à la convention pourra être établi en cas de prolongation du stage sur demande conjointe de l'organisme d'accueil et du stagiaire, dans le respect de la durée maximale du stage fixée par la loi (6 mois).

En cas de volonté d'une des trois parties (organisme d'accueil, stagiaire, établissement d'enseignement) d'arrêter le stage, celle-ci doit immédiatement en informer les deux autres parties par écrit. Les raisons invoquées seront examinées en étroite concertation. La décision définitive d'arrêt du stage ne sera prise qu'à l'issue de cette phase de concertation.

Article 10 - Duty of discretion and confidentiality

The duty of confidentiality must at all times be observed, with its specific aspects taken into account by the host organization. The intern commits to refrain from using the information collected or obtained by him, under any circumstances, for purposes of publication or disclosure to third parties without prior consent of the host organization, including in the internship report. This commitment applies not only to the internship period but shall extend after its conclusion as well. The intern commits to not retain, remove, or copy any documents or software of any kind belonging to the host organization, except upon prior approval from the latter.

For purposes of preserving the confidentiality of the information contained in the internship report, the host organization may request a restriction on the distribution of the report, or the removal of certain confidential information.

Persons with a need to know shall be constrained by commitments to professional secrecy to refrain from any use or disclosure of the information in the report.

Article 10 – Devoir de réserve et confidentialité

Le devoir de réserve est de rigueur absolue et apprécié par l'organisme d'accueil compte-tenu de ses spécificités. Le stagiaire prend donc l'engagement de n'utiliser en aucun cas les informations recueillies ou obtenues par eux pour en faire publication, communication à des tiers sans accord préalable de l'organisme d'accueil, y compris le rapport de stage. Cet engagement vaut non seulement pour la durée du stage mais également après son expiration. Le stagiaire s'engage à ne conserver, emporter, ou prendre copie d'aucun document ou logiciel, de quelque nature que ce soit, appartenant à l'organisme d'accueil, sauf accord de ce dernier.

Dans le cadre de la confidentialité des informations contenues dans le rapport de stage, l'organisme d'accueil peut demander une restriction de la diffusion du rapport, voire le retrait de certains éléments confidentiels.

(10 – suite)

Les personnes amenées à en connaître sont contraintes par le secret professionnel à n'utiliser ni ne divulguer les informations du rapport.

Article 11 - Intellectual Property

In accordance with the code of intellectual property, if the intern's activities result in the creation of a work protected by copyright or industrial property (including software), and the host organization wishes to make use of such work with the intern's approval, a contract must be signed between the intern (the author) and the host organization.

The contract must specifically include the extent of the rights to be transferred, any possible exclusivity requirements, the intended use, the media used, and the duration of the transfer of rights, as well as, if applicable, the amount of compensation due to the intern for the transfer. This clause shall apply regardless of the host organization's business structure.

Article 11 – Propriété intellectuelle

Conformément au code de la propriété intellectuelle, dans le cas où les activités du stagiaire donnent lieu à la création d'une œuvre protégée par le droit d'auteur ou la propriété industrielle (y compris un logiciel), si l'organisme d'accueil souhaite l'utiliser et que le stagiaire en est d'accord, un contrat devra être signé entre le stagiaire (auteur) et l'organisme d'accueil.

Le contrat devra alors notamment préciser l'étendue des droits cédés, l'éventuelle exclusivité, la destination, les supports utilisés et la durée de la cession, ainsi que, le cas échéant, le montant de la rémunération due au stagiaire au titre de la cession. Cette clause s'applique quel que soit le statut de l'organisme d'accueil.

Article 12 - End of internship - Report - Evaluation

1)Internship certificate: at the end of the internship, the host organization shall issue a certificate, a template for which is included as an appendix hereto, indicating as a minimum the effective duration of the internship, and, if applicable, the amount of the stipend paid. The intern will need to produce this certificate as supporting documentation in applying for benefits under the general retirement insurance framework, as provided under article L.351-17 of the social security code;

2) Internship Quality: Once the internship has ended, the parties to this agreement are invited to submit an assessment of the quality of the internship. The intern will send a document to the appropriate department of the educational institution in which he will evaluate the quality of the reception he was given by the host organization. This document will not be taken into consideration in his evaluation, or in awarding his diploma or certificate.

3) Evaluation of the intern's activity: Once the internship has ended, the host organization shall fill out an assessment form on the intern's activity, which it will return to the academic advisor (or specify form attached or assessment procedures previously established in cooperation with the academic advisor).

4) Educational Assessment Procedures: The intern shall (*specify the nature of the work to be provided - report, etc. - possibly by including an attachment*)

….N/A…… ……

NUMBER OF ECTS (if applicable):

….N/A……

……

……

……

5) Neither the academic supervisor from the host organization, nor any member of the host organization invited to visit the educational institution for purposes of the preparation, conduct and validation of the internship, may assert any claim for reimbursement or compensation from the educational institution.

Article 12 – Fin de stage – Rapport - Evaluation

1)Attestation de stage : à l'issue du stage, l'organisme d'accueil délivre une attestation dont le modèle figure en annexe, mentionnant au minimum la durée effective du stage et, le cas échéant, le montant de la gratification perçue. Le stagiaire devra produire cette attestation à l'appui de sa demande éventuelle d'ouverture de droits au régime général d'assurance vieillesse prévue à l'art. L.351-17 du code de la sécurité sociale ;

2)Qualité du stage : à l'issue du stage, les parties à la présente convention sont invitées à formuler une appréciation sur la qualité du stage.

Le stagiaire transmet au service compétent de l'établissement d'enseignement un document dans lequel il évalue la qualité de l'accueil dont il a bénéficié au sein de l'organisme d'accueil. Ce document n'est pas pris en compte dans son évaluation ou dans l'obtention du diplôme ou de la certification.

(12 – suite)
3) Evaluation de l'activité du stagiaire : à l'issue du stage, l'organisme d'accueil renseigne une fiche d'évaluation de l'activité du stagiaire qu'il retourne à l'enseignant référent(ou préciser si fiche annexe ou modalités d'évaluation préalablement définis en accord avec l'enseignant référent)……
4) Modalités d'évaluation pédagogiques : le stagiaire devra (préciser la nature du travail à fournir –rapport, etc.- éventuellement en joignant une annexe)….
NOMBRE D'ECTS (le cas échéant) : …
5) Le tuteur de l'organisme d'accueil ou tout membre de l'organisme d'accueil appelé à se rendre dans l'établissement d'enseignement dans le cadre de la préparation, du déroulement et de la validation du stage ne peut prétendre à une quelconque prise en charge ou indemnisation de la part de l'établissement d'enseignement.

Article 13 - Applicable law - Competent courts
This agreement shall be governed exclusively by French law.
Any disputes that cannot be amicably resolved shall be subject to the jurisdiction of the competent French courts.

Article 13 – Droit applicable – Tribunaux compétents
La présente convention est régie exclusivement par le droit français.
Tout litige non résolu par voie amiable sera soumis à la compétence de la juridiction française compétente.

MADE IN *(FAIT A)* Boston, Massachusetts, USA……..

THIS DAY THE *(LE)* … 2 décembre 2022……

FOR THE EDUCATIONAL INSTITUTION

(POUR L'ETABLISSEMENT D'ENSEIGNEMENT)
Name and signature of the representative of the institution *(Nom et signature du représentant de l'établissement)*

Boston College……

FOR THE HOST ORGANIZATION

(POUR L'ORGANISME D'ACCUEIL)
Name and signature of the representative of the host organization *(Nom et signature du représentant de l'organisme d'accueil)*

Accent Français……

INTERN (AND LEGAL REPRESENTATIVE IF ANY)

(STAGIAIRE (ET SON REPRESENTANT LEGAL LE CAS ECHEANT))
Name and signature
(Nom et signature)

Amanda Coccia……

The internship supervisor for the host organization

(LE TUTEUR DE STAGE DE L'ORGANISME D'ACCUEIL)
Name and signature
(Nom et signature)

Stéphanie Checa……..

The intern's academic advisor

(L'ENSEIGNANT REFERENT DU STAGIAIRE)
Name and signature
(Nom et signature)

Franco Mormando……..

Forms to be attached to this agreement :
(Fiches à annexer à la convention)

① Internship certificate (following page)
(Attestation de stage (page suivante))

② Foreign internship form (for information regarding social security, see the website cleiss.fr; for country-specific documentation see the website diplomatie.gouv.fr)
(Fiche stage à l'étranger (pour informations sécurité sociale voir site cleiss.fr, pour fiches pays voir site diplomatie.gouv.fr))

③ Other appendices (if any)
(Autres annexes (le cas échéant))

① *Internship certificate*

(Attestation de stage)

LOGO OF THE HOST ORGANIZATION
(LOGO DE L'ORGANISME D'ACCUEIL)

INTERNSHIP CERTIFICATE

(ATTESTATION DE STAGE)

to be issued to the intern upon the conclusion of the internship

(à remettre au stagiaire à l'issue du stage)

THE HOST ORGANIZATION *(ORGANISME D'ACCUEIL)*

Name or company name *(Nom ou Dénomination sociale)*: ……

Address (*Adresse)*: ……

……

☎ ……..

Hereby certifies that *(Certifie que)*

THE INTERN *(LE STAGIAIRE)*

Last name *(Nom)*: …… First name *(Prénom)*: …… Sex: F ☐ M ☐ Date of Birth *(Né le)*:____/___/_____

Address (*Adresse)*: ……

……

☎ …….. . email: ……

A STUDENT OF (title of the training course or higher education curriculum being followed by the intern):

(ETUDIANT EN (intitulé de la formation ou du cursus de l'enseignement supérieur suivi par le ou la stagiaire))

……

AT (name of the higher education institution or training organization) *(AU SEIN de (nom de l'établissement d'enseignement supérieur ou de l'organisme de formation))*:

……

has completed an internship as part of his/her studies *(a effectué un stage prévu dans le cadre de ses études)*

INTERNSHIP DURATION *(DUREE DU STAGE)* ……

Internship start and end dates: **From** *(Du)* ……DD/MM/YYYY…… **To** *(Au)* ……DD/MM/YYYY……
(Dates de début et de fin du stage)

Representing a **total duration** of ……..…….. (Number of months / Number of Weeks) (cross out any inappropriate item)
(Représentant une durée totale de) ((Nbre de Mois / Nbre de Semaines) (rayer la mention inutile))

The total duration of the internship is assessed in consideration of the actual presence of the student within the organization, subject any authorized time off and leaves of absence granted, as provided under article L.124-13 of the education code (art. L.124-18 of the education code). Each period of at least 7 hours of presence, whether consecutive or otherwise, is considered equivalent to one day of internship work, and each period equal to at least 22 days of presence, consecutive or otherwise, is considered equivalent to one month.

La durée totale du stage est appréciée en tenant compte de la présence effective du stagiaire dans l'organisme, sous réserve des droits à congés et autorisations d'absence prévus à l'article L.124-13 du code de l'éducation (art. L.124-18 du code de l'éducation). Chaque période au moins égale à 7 heures de présence consécutives ou non est considérée comme équivalente à un jour de stage et chaque période au moins égale à 22 jours de présence consécutifs ou non est considérée comme équivalente à un mois.

TOTAL AMOUNT OF STIPEND PAID TO THE INTERN : *(MONTANT DE LA GRATIFICATION VERSÉE AU STAGIAIRE)*

The intern has received an internship stipend **totaling** €……..
(Le stagiaire a perçu une gratification de stage pour un montant total de)

The course certificate *is an indispensable element, for consideration, subject to the payment of a fee, of the internship work in determining retirement benefits. Retirement pensions legislation (Law No. 2014-40 of January 20, 2014) grants students* ***whose internship work is allocated a stipend*** *the possibility of having such work validated* ***within two calendar quarters****, subject to the* ***payment of a fee****. The* ***application is to be made by the student within the two years*** *of the end of the internship, and* ***requires the presentation of the internship certificate*** *indicating the total duration of the internship and the total amount of the stipends paid. Specific information regarding the fee to be paid and the procedure to follow may be requested from the Social Security administration (Social Security Code, art. L.351-17 - Education Code, art. D.124-9).*

L'attestation de stage est indispensable pour pouvoir, sous réserve du versement d'une cotisation, faire prendre en compte le stage dans les droits à retraite. La législation sur les retraites (loi n°2014-40 du 20 janvier 2014) ouvre aux étudiants dont le stage a été gratifié la possibilité de faire valider celui-ci dans la limite de deux trimestres, sous réserve du versement d'une cotisation. La demande est à faire par l'étudiant dans les deux années suivant la fin du stage et sur présentation obligatoire de l'attestation de stage mentionnant la durée totale du stage et le montant total de la gratification perçue. Les informations précises sur la cotisation à verser et sur la procédure à suivre sont à demander auprès de la sécurité sociale (code de la sécurité sociale art. L.351-17 – code de l'éducation art..D.124-9).

MADE IN *(Fait à)* ……..
THIS DAY THE *(Le)* ……..

Name, position and signature of the representative of the host organization *(Nom, fonction et signature du représentant de l'organisme d'accueil)*

BOSTON COLLEGE

ROMANCE LANGUAGES AND LITERATURES DEPARTMENT

November 30, 2022

Mme. Stéphanie Checa
Director, Quality and Development
"Accent Français"
2, rue de Verdun
34000 Montpellier, France

Dear Mme. Checa:

On behalf of Boston College and in my capacity as Chairperson of the Department of Romance Languages and Literatures, I am pleased to provide this formal – and enthusiastic – endorsement of the internship (un-remunerated) that Ms. Amanda Coccia, a student in our Master of Arts program in French Studies, will have the privilege and pleasure of undertaking at your fine institution during the summer of 2023.

Ms. Coccia has described to me fully the extent and variety of tasks and services she will be fulfilling under the guidance of your colleagues at "Accent Français:" I can only say that I am pleased to see how enriching an experience it will certainly be for her. It will be also be a very fine complement to her studies and pedagogical formation in the M.A. program in our department.

I extend my thanks to you and "Accent Français" for affording Ms. Coccia with this excellent opportunity.

Most sincerely yours,

Franco Mormando

(Dr.) Franco Mormando
Professor and Chairperson, Dept. of Romance Languages
mormando@bc.edu
+1 617-552-6346

cc: A. Coccia; Prof. K. Newmark

Fixed-Term Employment Contract

BETWEEN THE UNDERSIGNED:
SARL ACCENT FRANCAIS
URSSAF No.: 342 2703619, Share capital 7774.90 Euros
Registered office at 2 Rue de Verdun 34000 Montpellier
Registered with the Montpellier Trade and Companies Register under No.:42363685100028

AND:

Vinicius Guarilha Alves
Born on: 06/04/1985, in Brasilia
Nationality: Brazilian
Residing at 144 Kenrick Street apt #8, Brighton MA 02135, United States
Social Security No.: 1 85 06 99 416 146

THE FOLLOWING HAS BEEN AGREED:

The company Accent Français, engaged in the business of providing French courses for foreigners, hires Mr. Vinicius Guarilha Alves from June 5, 2023, to August 5, 2023, as a cultural activity coordinator, grade/step 191-8, for a period of 9 weeks.
The prior nominative declaration of hiring was submitted to URSSAF of Montpellier on June 3, 2023.

WORKING TIME
The monthly working time shall be 35 hours. The work schedule shall be as follows:
Monday: 10:00 a.m.–6:00 p.m.
Tuesday: 10:00 a.m.–6:00 p.m.
Wednesday: 10:00 a.m.–6:00 p.m.
Friday: 10:00 a.m.–6:00 p.m.
Saturday: 10:00 a.m.–6:00 p.m.
The distribution of Mr. Vinicius Guarilha Alves's working hours may be modified according to scheduling needs.

DUTIES
In his capacity as cultural activity coordinator, Mr. Vinicius Guarilha Alves shall have, in particular, the following duties:
- accompanying activities and excursions
- researching, booking, and organizing activities.

PROBATIONARY PERIOD
A probationary period of 9 days is provided, during which either party may terminate the contract without compensation and without notice.
After expiration of the probationary period, this contract may not be terminated before its end date except in the event of serious misconduct by the Employee or by mutual agreement of both parties.

PLACE OF WORK
Mr. Vinicius Guarilha Alves shall perform his duties at the premises of SARL Accent Français, located at 2 Rue de Verdun, Montpellier, France. Depending on service needs, Accent Français may require travel for activities and excursions that do not entail a change of residence.

COMPENSATION
In consideration of his duties, Mr. Vinicius Guarilha Alves shall receive a gross monthly salary of EUR 1,820, payable every 30 days, including compensatory paid-leave allowance equal to 10% of the gross monthly compensation. This compensation shall be subject to withholding under the Social Security and supplementary retirement schemes, except for special regimes. Mr. Vinicius Guarilha Alves shall be affiliated with the supplementary retirement fund:
ARRCO, Member No.: M040320607 0000 W
PREMALLIANCE IRSEA 13
BP 50219, 13268 Marseille Cedex 08
Mr. Vinicius Guarilha Alves shall benefit from the provident insurance plan subscribed by Accent Français with APRI PREVOYANCE, BP A2, 41931 Blois Cedex 9
Member No.:10737751
Contributions related to social insurance and unemployment insurance shall be paid to the following organizations:
Social Insurance: URSSAF – 35, rue de la Haye – MONTPELLIER
Unemployment Insurance: ASSEDIC – 52, rue de la Méditerranée – MONTPELLIER

OVERTIME:

Depending on business needs, Mr. Vinicius Guarilha Alves may be required to work overtime in addition to the working time provided for in this contract.

PRIORITY ASSIGNMENT:
Mr. Vinicius Guarilha Alves shall have priority assignment to full-time positions corresponding to his professional qualifications that may be created or become vacant. The list of such positions shall be communicated to him before they are assigned to other employees.

JOB INSECURITY ALLOWANCE
At the end of his contract, Mr. Vinicius Guarilha Alves shall receive a job insecurity allowance pursuant to the applicable statutory and collective-bargaining provisions, equal to 10% of the gross compensation paid to Mr. Guarilha Alves under this employment contract.

ABSENCES — ILLNESS — ACCIDENTS
In the event of a foreseeable absence, Mr. Vinicius Guarilha Alves must request prior authorization from Management. In the event of an unforeseeable absence, Mr. Vinicius Guarilha Alves must notify Management as soon as possible.

If the absence results from illness or an accident, justification must be provided within 48 hours by sending a medical certificate also specifying the probable duration of the leave. The same formality shall be required in the event of an extension of the initial leave.

GENERAL CONDITIONS FOR PERFORMANCE OF THE CONTRACT
Mr. Vinicius Guarilha Alves shall be bound by a general obligation of good conduct toward his employer.
Accordingly, Mr. Vinicius Guarilha Alves shall refrain from making statements or adopting any conduct that could harm Accent Français, from using for his own account or for the account of others any information, documents, or commercial instruments provided by Accent Français in connection with his work, and from diverting Accent Français's clientele.
In addition, Mr. Vinicius Guarilha Alves undertakes to observe absolute professional confidentiality with respect to all facts or information of which he may become aware in the performance of, or in connection with, his duties. This confidentiality clause must also be observed by Mr. Vinicius Guarilha Alves after the end of this contract.
Mr. Vinicius Guarilha Alves shall promptly inform Management of any changes that may occur in the personal situation he reported upon hiring.
Mr. Vinicius Guarilha Alves undertakes to observe the working hours set by the employer and to comply with directives and instructions issued by Management.

Any breach of these obligations during the term of this contract shall constitute serious misconduct that may justify dismissal.

COMPANY REGULATIONS AND PRACTICES
For all matters not provided for in this contract, the parties shall refer to the applicable laws, regulations, and company practices (including the internal rules).
In the event of a dispute, both parties agree that the courts of Montpellier shall have sole jurisdiction.

Mr. Vinicius Guarilha Alves acknowledges that one copy of this contract has been provided to him.
Executed in Montpellier, in two counterparts, on 03/10/2023.

Signature preceded by the statement "read and approved"

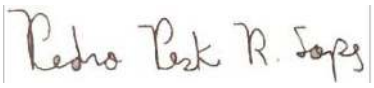
For Accent Français
Read and approved
Florence Gaudry



Mr. Vinicius Guarilha Alves



I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 3, 2026.

CONTRAT DE TRAVAIL D'USAGE

ENTRE LES SOUSSIGNES :
SARL ACCENT FRANCAIS
Numéro URSSAF : 342 2703619, au capital de 7774,90 Euros
Dont le siège social est à 2 Rue de Verdun 34000 Montpellier
Immatriculée au RCS de Montpellier sous le numéro :42363685100028

ET :

Vinicius Guarilha Alves
Né le 04/06/1985 à Brasilia
Nationalité Brésilienne
Demeurant 144 Kenrick Street apt #8, Brighton MA 02135 , États-Unis
Numéro Sécurité Sociale : 1 85 06 99 416 146

IL A ETE CONVENU CE QUI SUIT :

La Société Accent Français exerçant l'activité de Cours de français pour étrangers engage M. Vinicius Guarilha Alves du 5/06/2023 au 5/08/2023 en tant qu'animateur culturel, échelon 191-8 pour une durée de 9 semaines.
La déclaration nominative préalable à l'embauche est remise à l'URSSAF de Montpellier le 3/06/203.

DURÉE DU TRAVAIL
La durée mensuelle de travail est de 35 heures. Les horaires de travail sont les suivantes :
Lundi : 10.00-18.00
Mardi : 10.00-18.00
Mercredi : 10.00-18.00
Vendredi : 10.00-18.00
Samedi : 10.00-18.00
La répartition de l'horaire de travail de M. Vinicius Guarilha Alves pourra être modifiée en fonction des besoins des plannings.

ATTRIBUTIONS
En sa qualité d'animateur, M. Vinicius Guarilha Alves aura notamment les attributions suivantes :
- accompagnement activités et excursions
- recherche, réservation et organisation des activités.

PERIODE D'ESSAI
Il est prévu une période d'essai d'une durée de 9 jours au cours de laquelle chacune des parties pourra mettre fin au contrat sans indemnité et sans préavis.
Après expiration de la période d'essai, ce contrat ne pourra être rompu avant l'arrivée du terme qu'en cas de faute grave du salarié ou d'un commun accord des deux parties.

LIEU DE TRAVAIL
M. Vinicius Guarilha Alves exercera ses fonctions dans les locaux de la SARL Accent Français, 2 Rue de Verdun à Montpellier. En fonction des nécessités de service, Accent Français pourra effectuer des déplacements pour des activités et des excursions n'entraînant pas de changement de résidence.

REMUNERATION
En contrepartie de ses fonctions, M. Vinicius Guarilha Alves percevra un salaire mensuel brut de 1820 euros payables tous les 30 jours incluant l'indemnité compensatrice de congés payés égale à 10% de la rémunération brute mensuelle. Cette rémunération sera soumise à retenue au titre du régime de Sécurité Sociale et de la retraite complémentaire, sauf régimes spéciaux. M. Vinicius Guarilha Alves sera affilié à la Caisse de Retraite Complémentaire :
ARRCO, N°adhérent M040320607 0000 W
PREMALLIANCE IRSEA 13
BP 50219, 13268 Marseille Cedex 08
M. Vinicius Guarilha Alves bénéficiera du régime de prévoyance souscrit par la société Accent Français auprès de APRI PREVOYANCE, BP A2, 41931 Blois Cedex 9
Adhérent :10737751
Les cotisations relatives aux assurances sociales et à l'assurance chômage sont versées aux organisations suivantes :
Assurances Sociales : URSSAF – 35, rue de la Haye – MONTPELLIER
Assurance Chômage : ASSEDIC – 52, rue de la Méditerranée – MONTPELLIER

HEURES SUPPLEMENTAIRES:

En fonction des besoins, M. Vinicius Guarilha Alves pourra être conduit à effectuer des heures supplémentaires en sus de la durée du travail prévue au présent contrat.

PRIORITE D'AFFECTATION :
M. Vinicius Guarilha Alves bénéficie d'une priorité d'affectation aux emplois à temps complets ressortissant de sa qualification professionnelle qui seraient créés ou qui deviendraient vacants. La liste de ces emplois lui sera communiquée préalablement à leur attribution à d'autres salariés.

INDEMNITE DE PRECARITE D'EMPLOI
Au terme de son contrat, M. Vinicius Guarilha Alves percevra une indemnité de précarité d'emploi en application des dispositions légales et conventionnelles en vigueur égale à 10% de la rémunération brute versée à M. Guarilha Alves au titre du présent contrat de travail.

ABSENCES - MALADIE - ACCIDENTS
En cas d'absence prévisible, M. Vinicius Guarilha Alves devra solliciter l'autorisation préalable de la Direction.
En cas d'absence imprévisible, M. Vinicius Guarilha Alves devra prévenir la Direction dans les plus brefs délais.

Si l'absence résulte de la maladie ou d'un accident, la justification devra avoir lieu dans les 48h par l'envoi d'un certificat médical précisant également la durée probable de l'arrêt, la même formalité étant requise en cas de prolongation de l'arrêt initial.

CONDITIONS GENERALES D'EXECUTION DU CONTRAT
M. Vinicius Guarilha Alves sera tenu d'une obligation générale de moralité envers son employeur.
M. Vinicius Guarilha Alves s'interdit en conséquence de tenir des propos ou d'avoir une attitude qui puisse porter préjudice à Accent Français, d'utiliser pour son propre compte ou le compte d'autrui toutes informations, documents ou instruments commerciaux fournis par Accent Français dans le cadre de son travail et ainsi de détourner la clientèle d'Accent Français.
De plus, M. Vinicius Guarilha Alves s'engage à observer une discrétion professionnelle absolue pour tout ce qui concerne les faits ou informations dont il aura connaissance dans l'exercice ou à l'occasion de ses fonctions. Cette clause de discrétion devra également être respectée par M. Vinicius Guarilha Alves à l'issue du présent contrat.
M. Vinicius Guarilha Alves informera sans délais la Direction de tous changements qui interviendraient dans la situation personnelle qu'elle a signalée lors de son engagement.
M. Vinicius Guarilha Alves s'engage à observer les horaires de travail qui seront fixés par l'employeur et à se conformer aux directives et instructions émanant de la direction.

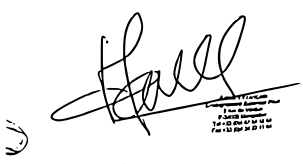
Tout manquement à ces obligations au cours du présent contrat serait constitutif d'une faute grave pouvant justifier un licenciement.

REGLEMENTATION ET USAGES DE L'ENTREPRISE
Pour toutes les questions qui ne sont pas prévues au présent contrat, les parties se réfèreront à la loi et aux règlements et usages applicables dans l'entreprise (règlement intérieur).
En cas de conflit, les deux parties conviennent que les tribunaux de Montpellier seront seuls compétents.

M. Vinicius Guarilha Alves reconnaît qu'un exemplaire du présent contrat lui a été remis.
Fait à Montpellier, En deux exemplaires, le 10/03/2023

Signature précédée de la mention "lu et approuvé"

Pour Accent Français
Lu et approuvé
Florence Gaudry



M. Vinicius Guarilha Alves



Nantes University

Human Resources and Social Dialogue Department

Contract of Appointment as a Foreign-Language Lecturer Recruited in a Personal Capacity

Presidency of Nantes University
1, quai de Tourville
BP 13522
44035 NANTES Cedex 1

Having regard to the Education Code, and in particular Article L951-3;
Having regard to the General Civil Service Code, and in particular Article L. 332-2, paragraph 2;
Having regard to Decree No. 86-83 of January 17, 1986, as amended, concerning the general provisions applicable to contractual employees of the State;
Having regard to Decree No. 87-754 of September 14, 1987, as amended, concerning the recruitment of foreign-language lecturers and foreign-language instructors in public higher education institutions under the authority of the Minister responsible for Higher Education, and in particular Article 7 thereof;
Having regard to Decree No. 2001-126 of February 6, 2001, concerning the decentralization of certain recruitment and personnel management decisions for non-tenured higher education personnel;
Having regard to the Order of October 30, 1987, establishing the remuneration procedures for foreign-language lecturers and foreign-language instructors in public higher education institutions under the authority of the Minister responsible for Higher Education;

Subject to medical fitness for the duties:
Budget allocation: 0150 Higher Education and University Research (100.00%)
Position number: PRCE 0579

BETWEEN

Nantes Université, represented by its President, **Ms. Carine BERNAULT**, duly authorized to sign this contract,

hereinafter referred to as **the "University,"** of the first part,

AND

Mr.	GUARILHA ALVES Vinicius
Date of birth:	06/04/1985 in BRASILIA DF
Nationality:	BRAZILIAN — NE
Identification No.:	1850699416146
Address:	144 KENRICK STREET, apt. #8, BRIGHTON 02135 MA — UNITED STATES

hereinafter referred to as the "Employee," of the other part,

IT HAS BEEN AGREED AS FOLLOWS

Article 1

Mr. Vinicius GUARILHA ALVES, having successfully completed one year of studies after obtaining a French or foreign degree equivalent to a French national bachelor's degree, is appointed as a foreign-language lecturer.
This contract shall take effect as of 09/01/2023 and shall end on 08/31/2024.
The first month shall be considered a probationary period. Termination during or upon expiration of this period shall not give rise to any notice period or compensation.

Article 2

For the duration of this contract, Mr. Vinicius GUARILHA ALVES shall perform his duties on a full-time basis. The employee shall provide full-time service corresponding to 300 hours of practical teaching sessions.
Where the teaching service includes directed teaching sessions, one hour of directed teaching shall be equivalent to one and one-half hours of practical teaching sessions. (1)

Article 3

For the duration of this contract, the Employee shall receive a gross monthly remuneration corresponding to gross index 397, determined pursuant to the aforementioned Order of October 30, 1987; and, where applicable, the bonuses and allowances expressly provided for by a general legislative or regulatory text or by specific texts applicable to the Employee's situation, as implemented within the institution.

Article 4
At the end of the period provided for in Article 1 above, this contract may be renewed only once, for a period of one year. Any renewal shall be the subject of an amendment to this contract.

Article 5
In the event that subrogation is implemented within the University, the employee authorizes his employer to be subrogated in his place in order to receive from the Social Security agency the daily allowances to which his situation entitles him, in compliance with the provisions of Article R. 323-11 of the Social Security Code.

Article 6
For persons of foreign nationality, except nationals of the European Union or the European Economic Area, this contract is issued subject to the condition that the Employee is in regular status with respect to salaried employment in France. Failing this, the contract shall be null and void.

Article 7
This contract may be terminated by either party in the event of non-performance of obligations by the other party.

Article 8
For all matters not provided for in this contract, the Employee shall be subject to the provisions of Decree No. 86-83 of January 17, 1986.

Article 9
The holder of this contract acknowledges having read the aforementioned Decree of September 14, 1987, as amended.

Article 10
The administrative court — Administrative Court of Nantes — shall have jurisdiction over all disputes that may arise in connection with the performance of this contract.

(1) Within the limit of 100 hours.

Executed in Nantes, on

The Employee
Signature preceded by the handwritten words "Read and approved"

Read and Approved



The President of Nantes University

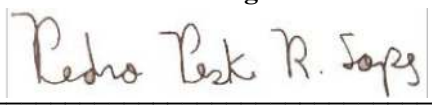
For the President of Nantes Université
and by delegation,
The Director of Human Resources
and Social Dialogue

Clotilde TONNERRE



Recipients:
->The Employee
->The HR/Social Dialogue Department
->The Institution

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 7, 2026.

Nantes Université

→ Direction des Ressources Humaines et du Dialogue Social

Contrat d'engagement en qualité de lecteur de langue étrangère recruté à titre personnel

Présidence de
Nantes Université
1,quai de Tourville
BP 13522
44035 NANTES
cedex 1

Vu le code de l'éducation et notamment l'article L951-3 ;

Vu le code général de la fonction publique et notamment l'art. L. 332-2, al.2 ;

Vu le décret n° 86-83 du 17 janvier 1986 modifié relatif aux dispositions générales applicables aux agents contractuels de l'Etat ;

Vu le décret n°87-754 du 14 septembre 1987 modifié relatif au recrutement de lecteurs de langue étrangère et de maîtres de langue étrangère dans les établissements publics d'enseignement supérieur relevant du ministre chargé de l'Enseignement supérieur et notamment l'article 7 ;

Vu le décret n°2001-126 du 6 février 2001 portant déconcentration de certaines décisions de recrutement et de gestion de certains personnels non titulaires de l'enseignement supérieur ;

Vu l'arrêté du 30 octobre 1987, fixant les modalités de rémunération des lecteurs de langue étrangère et des maîtres de langue étrangère dans les établissements publics d'enseignement supérieur relevant du ministre chargé de l'enseignement supérieur ;

Sous réserve de l'aptitude médicale aux fonctions ;

Imputation budgétaire : 0150 Formation supérieure et recherche universitaire (100,00%)
Numéro d'emploi : PRCE 0579

ENTRE

Nantes Université, représentée par sa Présidente, Madame Carine BERNAULT, dûment habilitée pour signer le présent contrat,

dite « l'Université », d'une part,

ET

Monsieur	GUARILHA ALVES Vinicius
date de naissance	04/06/1985 à BRASILIA DF
nationalité	BRÉSILIEN(NE)
n° d'identification	1850699416146
adresse	144 KENRICK STREET apt #8, BRIGHTON 02135 MA-ETATS-UNIS

dit « l'intéressé », d'autre part,

IL A ÉTÉ CONVENU CE QUI SUIT

Article 1

Monsieur Vinicius GUARILHA ALVES, justifiant d'une année d'études accomplie avec succès après l'obtention d'un titre ou d'un diplôme français ou étranger d'un niveau équivalent à celui du diplôme national de licence, est engagé en qualité de lecteur de langue étrangère.
Le présent contrat prend effet à compter du 01/09/2023 et prend fin le 31/08/2024.
Le premier mois sera considéré comme période d'essai. Un licenciement au cours ou à l'expiration de cette période ne donnera lieu ni à préavis, ni à indemnité.

Article 2

Pendant la durée du présent contrat, Monsieur Vinicius GUARILHA ALVES assure ses fonctions à temps complet. L'agent effectue un service à temps complet correspondant à 300 heures de travaux pratiques.
Dans le cas où le service d'enseignement comprend des travaux dirigés, une heure de travaux dirigés équivaut à une heure et demie de travaux pratiques. (1)

Article 3

Pendant la durée du présent contrat, l'intéressé perçoit une rémunération mensuelle brute correspondant à l'indice brut 397, fixée en application de l'arrêté du 30 octobre 1987 susvisé ; et, le cas échéant, les primes et indemnités expressément prévues par un texte de portée générale ou prévues par les textes particuliers applicables à la situation de l'intéressé mises en place au sein de l'établissement.

Article 4

À l'issue de la période prévue à l'article 1er ci-dessus, le présent contrat peut être renouvelé, une seule fois, pour une période d'un an. Le renouvellement éventuel fera l'objet d'un avenant au présent contrat.

Article 5

En cas de mise en place de la subrogation au sein de l'université, l'agent autorise son employeur à se subroger à lui pour percevoir du centre de sécurité sociale des indemnités journalières auxquelles sa situation ouvre droit, dans le respect des dispositions de l'article R 323-11 du code de sécurité sociale.

Article 6

Pour les personnes de nationalité étrangère (sauf ressortissants de l'Union Européenne ou de l'Espace Economique Européen), le présent contrat est établi sous réserve que l'intéressé soit en situation régulière au regard d'une activité salariée en France. À défaut, celui-ci sera nul et non avenu.

Article 7

Le présent contrat peut être résilié par l'une des parties en cas d'inexécution des obligations par l'autre partie.

Article 8

Pour toutes les questions non prévues dans le présent contrat, l'intéressé relève des dispositions du décret 86-83 du 17 janvier 1986.

Article 9

Le titulaire du présent contrat reconnaît avoir pris connaissance du décret du 14 septembre 1987 susvisé, modifié.

Article 10

La juridiction administrative - Tribunal Administratif de Nantes - est compétente pour connaître de tous les litiges qui pourraient survenir à l'occasion de l'exécution de ce contrat.

(1) Dans la limite de 100 heures

Fait à Nantes, le

L'intéressé
(signature précédée de la mention "lu et approuvé")

Lu et approuvé

La Présidente de Nantes Université

Pour la Présidente de Nantes Université
et par délégation
La Directrice des Ressources Humaines
et du Dialogue Social

Clotilde TONNERRE

Destinataires :
→ L'intéressé(e)
→ Le service DRHDS
→ L'établissement

Middlebury

Friday, Feb 09 2024

Amanda Coccia
144 Kenrick St Apt 8
Brighton, Massachussetts 02135
United States

Dear Amanda Coccia,

Upon recommendation of the Director of the Portuguese School, I have the honor to offer you a Bilingual Assistant in Portuguese appointment for the 2024 summer session in Bennington, VT.

Dates:	June 24, 2024 to August 17, 2024
Hourly Rate:	$17.00
Middlebury College ID:	00722287

This is a temporary non-exempt position. You will be required to enter your hours via electronic timesheets which are due at the end of each pay period. Please connect with Luis Goncalves for specific instructions regarding your schedule and submitting your bi-weekly time sheets.

As you may know, the Language Schools are distinguished by unusually close rapport between employees and students. When students evaluate our programs, they consistently give faculty the highest rankings. As you might expect, the rigors of an intensive summer session leave little time for personal pursuits. We rely on our summer employees to not only support our students' education, but to also share meals and social and cultural activities with them. While we recognize the fact that we demand a great deal of our summer employees both in and outside of class, our students will reward your efforts with their sincere appreciation as well as an unusually high level of motivation and seriousness of purpose.

Please indicate your acceptance by adding your electronic signature to this contract **no later than February 23, 2024.**

We ask that you view additional required & optional forms and helpful arrival information at: http://prearrival.middcreate.net/faculty/ It is critical for you to visit this site, read the information and complete the necessary forms.

If you are a U.S. citizen or a U.S. Permanent Resident (a.k.a. green card holder), you will need to submit your tax withholding (W-4) information electronically, via Oracle HCM. This can be done as early as the first day of your contract. Instructions for logging in to Oracle HCM, and other HCM tasks such as setting up direct deposit, are available here. If you are a non-resident alien for tax purposes, you will complete your tax forms through the FNIS software system. Please watch for and respond to emails from middleburytaxoffice@middlebury.edu.

You may need to meet with members of the Human Resources Office after you arrive on campus to complete an I-9 employment eligibility form and other employment paperwork. Check in with Human Resources at the arrival center. You will be notified of the exact time and location to complete this paperwork. You will find a copy of the U. S. Department of Justice's list of documents that are acceptable as proof of employment eligibility in the United States on the pre-arrival web page (mentioned above). **Please be sure you bring original document(s) with you to expedite completion of the I-9 form.** If you do not complete this form, you will not be authorized to work.

All new hires, including repeat hires who needed visa support services previously, will be contacted by International Student and Scholar Services (ISSS) at Middlebury College via email in the near future. Please respond to their message as soon as possible, so that we have an accurate record of who needs visa support. The visa application process can take 2-3 months, so it is important that you respond to communications from ISSS in a timely way. If you have any questions that cannot be addressed by the initial email from ISSS, you may contact them at 802.443.5858 or isss@middlebury.edu.

If you receive approval to bring a spouse/domestic partner or family to campus, the College will provide room and board for them based on housing availability. U.S. tax law requires the College to tax employees on the value of the benefit derived from receiving "free" room and board for their spouse/domestic partner and "free" room for dependent children. Taxes on the value of this benefit will be withheld from the first paycheck only. A taxable stipend will be added to the paycheck of those bringing a spouse/domestic partner and/or dependent children to help lessen the employee's tax burden. If you have any questions, please contact the Director of your School.

In May, the College's Tax Office will contact all foreign national employees who do not have a green card via email asking for address, current and past visa as well as passport information via a secure online website. It is your responsibility to comply with this request in a timely manner. Taxes withheld on your pay are determined by your compliance. Payroll corrections will not be made if you fail to sign and return required documentation prior to your arrival on campus.

Please keep in mind that depending on how much you earn, you will be required to file an income tax return with the United States Internal Revenue Service and with the State of Vermont, by April 15, 2025. In February 2025 you will receive the necessary forms to file your tax returns from President and Fellows of Middlebury College, **EIN 03-0179298**. Please make sure we have your correct mailing address and email address on file.

The dates noted above describe a maximum, not a minimum, term, because all employees at Middlebury College are considered "at-will" employees. No employment contract is expressed or implied. Your employment is also governed by the provisions of the College's Employee Handbook (www.middlebury.edu/about/handbook), which may be amended from time to time. The Anti-Harassment/Discrimination Policy can be found in the handbook as well.

Due to the temporary nature of your position, you are not eligible to participate in the College's health and welfare benefits or to receive employer-paid retirement contributions. You are eligible to participate in the College's Voluntary Retirement Plan. Details about the plan are available on the Human Resources website. Additionally, you and members of your household, are covered at no charge by the College's "Employee & Family Assistance Program" (EFAP). Visit the website for more information: https://www.middlebury.edu/office/human-resources/self-service-resources/employee-and-family-assistance-program

Please be advised that Middlebury College reserves the right to modify your assignment based on student enrollment in the program. If your agreement is cancelled due to enrollment, we will compensate you a flat rate of $400.

I, Amanda Coccia, hereby accept this appointment and the terms under which it is made.

Kelsea Moulton

Staffing Services
Middlebury College Human Resources

Signature

Middlebury

Friday, Feb 09 2024

Vinicius Guarilha Alves
17 Rue de Réformes, Rez de Jardin - Bâtiment A - apt gauche
Nantes, France 44100
France

Dear Vinicius Guarilha Alves,

Upon recommendation of the Director of the Portuguese School, I have the honor to offer you a Instructor of Portuguese appointment for the 2024 summer session in Bennington, VT.

In addition to the responsibilities associated with your teaching requirements, you are required to participate in, and sometimes lead, extra co-curricular activities related to your School. Alternately, you may present a lecture if requested to do so by the Director.

Dates:	June 24, 2024 to August 17, 2024
Salary:	$12,000
Middlebury College ID:	00782495

As you may know, the Language Schools are distinguished by unusually close rapport between faculty and students. When students evaluate our programs, they consistently give faculty the highest rankings. As you might expect, the rigors of an intensive summer session leave little time for personal pursuits. We rely on our summer employees to not only support our students' education, but to also share meals and social and cultural activities with them. While we recognize the fact that we demand a great deal of our employees both in and outside of class, our students will reward your efforts with their sincere appreciation as well as an unusually high level of motivation and seriousness of purpose.

Please indicate your acceptance by adding your electronic signature to this contract **no later than February 23rd, 2024.**

We ask that you view additional required & optional forms and helpful arrival information at: http://prearrival.middcreate.net/faculty/. It is critical for you to visit this site, read the information and complete the necessary forms.

If you are a U.S. citizen or a U.S. Permanent Resident (a.k.a. green card holder), you will need to submit your tax withholding (W-4) information electronically, via Oracle HCM. This can be done as early as the first day of your contract. Instructions for logging in to Oracle HCM, and other HCM tasks such as setting up direct deposit, are available here. If you are a non-resident alien for tax purposes, you will complete your tax forms through the FNIS software system. Please watch for and respond to emails from middleburytaxoffice@middlebury.edu.

You may need to meet with members of the Human Resources Office after you arrive on campus to complete an I-9 employment eligibility form and other employment paperwork. Check in with Human Resources at the arrival center. You will be notified of the exact time and location to complete this paperwork. You will find a copy of the U. S. Department of Justice's list of documents that are acceptable as proof of employment eligibility in the United States on the pre-arrival web page (mentioned above). **Please be sure you bring original document(s) with you to expedite completion of the I-9 form.** If you do not complete this form, you will not be authorized to work.

All new hires, including repeat hires who needed visa support services previously, will be contacted by International Student and Scholar Services (ISSS) at Middlebury College via email in the near future. Please respond to their message as soon as possible, so that we have an accurate record of who needs visa support. The visa application process can take 2-3 months, so it is important that you respond to communications from ISSS in a timely way. If you have any questions that cannot be addressed by the initial email from ISSS, you may contact them at 802.443.5858 or isss@middlebury.edu.

If you receive approval to bring a spouse/domestic partner or family to campus, the College will provide room and board for them based on housing availability. U.S. tax law requires the College to tax employees on the value of the benefit derived from receiving "free" room and board for their spouse/domestic partner and "free" room for dependent children. Taxes on the value of this benefit will be withheld from the first paycheck only. A taxable stipend will be added to the paycheck of those bringing a spouse/domestic partner and/or dependent children to help lessen the employee's tax burden. If you have any questions, please contact the Director of your School.

In May, the College's Tax Office will contact all foreign national employees who do not have a green card via email asking for address, current and past visa as well as passport information via a secure online website. It is your responsibility to comply with this request in a timely manner. Taxes withheld on your pay are determined by your compliance. Payroll corrections will not be made if you fail to sign and return required documentation prior to your arrival on campus.

Please keep in mind that depending on how much you earn, you will be required to file an income tax return with the United States Internal Revenue Service and with the State of Vermont, by April 15, 2025. In February 2025 you will receive the necessary forms to file your tax returns from President and Fellows of Middlebury College, **EIN 03-0179298**. Please make sure we have your correct mailing address and email address on file.

The dates noted above describe a maximum, not a minimum, term, because all employees at Middlebury College are considered "at-will" employees. No employment contract is expressed or implied. Your employment is also governed by the provisions of the College's Employee Handbook (www.middlebury.edu/about/handbook), which may be amended from time to time. The Anti-Harassment/Discrimination Policy can be found in the handbook as well.

Due to the temporary nature of your position, you are not eligible to participate in the College's health and welfare benefits or to receive employer-paid retirement contributions. You are eligible to participate in the College's Voluntary Retirement Plan. Details about the plan are available on the Human Resources website. Additionally, you and members of your household, are covered at no charge by the College's "Employee & Family Assistance Program" (EFAP). Please click here for more information: Middlebury EFAP.

Please be advised that Middlebury College reserves the right to modify your assignment based on student enrollment in the program. If your agreement is cancelled due to enrollment, we will compensate you a flat rate of $400.

I, Vinicius Guarilha Alves, hereby accept this appointment and the terms under which it is made.

Kelsea Moulton

Staffing Services
Middlebury College Human Resources

Vinicius Guarilha

Signature

Nantes Université

→ **Human Resources and Social Dialogue Department**

Employment Contract as a Foreign-Language Lecturer Recruited on an Individual Basis

Office of the President of
Nantes Université
1,quai de Tourville
BP 13522
44035 NANTES
cedex 1

Having regard to the French Education Code, and in particular Article L951-3;

Having regard to the French General Civil Service Code, and in particular Article L. 332-2, paragraph 2;

Having regard to Decree No. 86-83 of January 17, 1986, as amended, relating to the general provisions applicable to contract employees of the French State;

Having regard to Decree No. 87-754 of September 14, 1987, as amended, relating to the recruitment of foreign-language lecturers and foreign-language instructors in public higher education institutions under the authority of the Minister responsible for Higher Education, and in particular Article 7 thereof;

Having regard to Decree No. 2001-126 of February 6, 2001, concerning the decentralization of certain recruitment and management decisions for certain non-tenured personnel in higher education;

Having regard to Decree No. 2021-1290 of October 1, 2021, establishing Nantes Université and approving its statutes;

Having regard to the Order of October 30, 1987, establishing the terms of compensation for foreign-language lecturers and foreign-language instructors in public higher education institutions under the authority of the Minister responsible for Higher Education;

Subject to medical fitness for the position;

Budget allocation: 0150 Higher Education and University Research (100,00%)

Position number: LECT 05

BETWEEN

Nantes Université, represented by its President, Ms. Carine BERNAULT, duly authorized to sign this contract,

hereinafter referred to as “the University,” of the first part,

AND

Ms.	COCCIA Amanda Rose
Date of birth	12/30/1999 in STONY BROOK
Nationality	AMERICAN
Identification No.	2991299404C01
Address	1 EMILY CT MEDFORD New York

hereinafter referred to as “the Employee,” of the second part,

THE FOLLOWING HAS BEEN AGREED

Article 1

Ms. Amanda Rose COCCIA, having completed one year of studies successfully after obtaining a French or foreign degree or diploma at a level equivalent to that of a French national bachelor’s degree, is hired as a foreign-language lecturer.
This contract shall take effect as of September 1, 2024, and shall end on August 31, 2025.
The first month shall be considered a probationary period. Dismissal during or at the expiration of this period shall give rise to neither notice nor compensation.

Article 2

For the duration of this contract, Ms. Amanda Rose COCCIA shall perform her duties on a full-time basis. The Employee shall perform full-time service corresponding to 300 hours of practical teaching sessions.
If the teaching service includes tutorial sessions, one hour of tutorial sessions shall be equivalent to one and one-half hours of practical teaching sessions. (1)

Article 3

For the duration of this contract, the Employee shall receive gross monthly compensation corresponding to salary index 367, established pursuant to the aforementioned Order of October 30, 1987; and, where applicable, any bonuses and allowances expressly provided for by a generally applicable legal or

regulatory text, or provided for by specific rules applicable to the Employee's situation and implemented within the institution.

Article 4

At the end of the period provided for in Article 1 above, this contract may be renewed one time only, for a period of one year. Any such renewal shall be made by an amendment to this contract.

Article 5

In the event that subrogation is implemented within the University, the Employee authorizes her employer to be subrogated to her rights in order to receive from the social security center the daily allowances to which her situation entitles her, in accordance with the provisions of Article R. 323-11 of the French Social Security Code.

Article 6

For persons of foreign nationality, except nationals of the European Union or the European Economic Area, this contract is established subject to the Employee being in legal status with respect to salaried employment in France. Failing this, the contract shall be null and void.

Article 7

This contract may be terminated by either party in the event of nonperformance of obligations by the other party.

Article 8

For all matters not provided for in this contract, the Employee shall be governed by the provisions of Decree No. 86-83 of January 17, 1986.

Article 9

The holder of this contract acknowledges having read and understood the aforementioned Decree of September 14, 1987, as amended.

Article 10

The administrative court – Administrative Court of Nantes – shall have jurisdiction over all disputes that may arise in connection with the performance of this contract.

(1) Within the limit of 100 hours

Executed in Nantes, on

The Employee

(Signature preceded by the statement "read and approved")

The President of Nantes Université

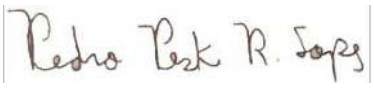
Michel Catala
On 07/08/2024 03:12:17 PM +02:00



Recipients:

→ The Employee
→The HRSD Department
→ The Institution

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 3, 2026.

Nantes Université

→ Direction des Ressources Humaines et du Dialogue Social

Contrat d'engagement en qualité de lectrice de langue étrangère recrutée à titre personnel

Présidence de
Nantes Université
1,quai de Tourville
BP 13522
44035 NANTES
cedex 1

Vu le code de l'éducation et notamment l'article L951-3 ;

Vu le code général de la fonction publique et notamment l'art. L. 332-2, al.2 ;

Vu le décret n° 86-83 du 17 janvier 1986 modifié relatif aux dispositions générales applicables aux agents contractuels de l'Etat ;

Vu le décret n°87-754 du 14 septembre 1987 modifié relatif au recrutement de lecteurs de langue étrangère et de maîtres de langue étrangère dans les établissements publics d'enseignement supérieur relevant du ministre chargé de l'Enseignement supérieur et notamment l'article 7 ;

Vu le décret n°2001-126 du 6 février 2001 portant déconcentration de certaines décisions de recrutement et de gestion de certains personnels non titulaires de l'enseignement supérieur ;

Vu le décret n°2021-1290 du 1er octobre 2021 portant création de Nantes Université et approbation de ses statuts ;

Vu l'arrêté du 30 octobre 1987, fixant les modalités de rémunération des lecteurs de langue étrangère et des maîtres de langue étrangère dans les établissements publics d'enseignement supérieur relevant du ministre chargé de l'enseignement supérieur ;

Sous réserve de l'aptitude médicale aux fonctions ;

Imputation budgétaire : 0150 Formation supérieure et recherche universitaire (100,00%)
Numéro d'emploi : LECT 05

ENTRE

Nantes Université, représentée par sa Présidente, Madame Carine BERNAULT, dûment habilitée pour signer le présent contrat,

dite « l'Université », d'une part,

ET

Madame	COCCIA Amanda Rose
date de naissance	30/12/1999 à STONY BROOK
nationalité	AMÉRICAIN(E)
n° d'identification	2991299404C01
adresse	1 EMILY CT MEDFORD New York

dite « l'intéressée », d'autre part,

IL A ÉTÉ CONVENU CE QUI SUIT

Article 1

Madame Amanda Rose COCCIA, justifiant d'une année d'études accomplie avec succès après l'obtention d'un titre ou d'un diplôme français ou étranger d'un niveau équivalent à celui du diplôme national de licence, est engagée en qualité de lectrice de langue étrangère.
Le présent contrat prend effet à compter du 01/09/2024 et prend fin le 31/08/2025.
Le premier mois sera considéré comme période d'essai. Un licenciement au cours ou à l'expiration de cette période ne donnera lieu ni à préavis, ni à indemnité.

Article 2

Pendant la durée du présent contrat, Madame Amanda Rose COCCIA assure ses fonctions à temps complet. L'agente effectue un service à temps complet correspondant à 300 heures de travaux pratiques.
Dans le cas où le service d'enseignement comprend des travaux dirigés, une heure de travaux dirigés équivaut à une heure et demie de travaux pratiques. (1)

Article 3

Pendant la durée du présent contrat, l'intéressée perçoit une rémunération mensuelle brute correspondant à l'indice brut 367, fixée en application de l'arrêté du 30 octobre 1987 susvisé ; et, le cas échéant, les primes et indemnités expressément prévues par un texte de portée générale ou

prévues par les textes particuliers applicables à la situation de l'intéressée mises en place au sein de l'établissement.

Article 4

À l'issue de la période prévue à l'article 1er ci-dessus, le présent contrat peut être renouvelé, une seule fois, pour une période d'un an. Le renouvellement éventuel fera l'objet d'un avenant au présent contrat.

Article 5

En cas de mise en place de la subrogation au sein de l'université, l'agente autorise son employeur à se subroger à elle pour percevoir du centre de sécurité sociale des indemnités journalières auxquelles sa situation ouvre droit, dans le respect des dispositions de l'article R 323-11 du code de sécurité sociale.

Article 6

Pour les personnes de nationalité étrangère (sauf ressortissants de l'Union Européenne ou de l'Espace Economique Européen), le présent contrat est établi sous réserve que l'intéressée soit en situation régulière au regard d'une activité salariée en France. À défaut, celui-ci sera nul et non avenu.

Article 7

Le présent contrat peut être résilié par l'une des parties en cas d'inexécution des obligations par l'autre partie.

Article 8

Pour toutes les questions non prévues dans le présent contrat, l'intéressée relève des dispositions du décret 86-83 du 17 janvier 1986.

Article 9

La titulaire du présent contrat reconnaît avoir pris connaissance du décret du 14 septembre 1987 susvisé, modifié.

Article 10

La juridiction administrative - Tribunal Administratif de Nantes - est compétente pour connaître de tous les litiges qui pourraient survenir à l'occasion de l'exécution de ce contrat.

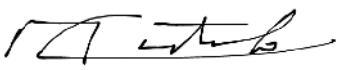
(1) Dans la limite de 100 heures

Fait à Nantes, le

L'intéressée
(signature précédée de la mention "lu et approuvé")

La Présidente de Nantes Université

Michel Catala
le 08/07/2024 15:12:17 +02:00



Destinataires :
→ L'intéressé(e)
→ Le service DRHDS
→ L'établissement

Nantes University

Human Resources and Social Dialogue Department

Contract of Appointment as a Foreign-Language Lecturer Recruited in a Personal Capacity

Presidency of Nantes University
1, quai de Tourville
BP 13522
44035 NANTES Cedex 1

Having regard to the Education Code, and in particular Article L951-3;
Having regard to the General Civil Service Code, and in particular Article L. 332-2, paragraph 2;
Having regard to Decree No. 86-83 of January 17, 1986, as amended, concerning the general provisions applicable to contractual employees of the State;
Having regard to Decree No. 87-754 of September 14, 1987, as amended, concerning the recruitment of foreign-language lecturers and foreign-language instructors in public higher education institutions under the authority of the Minister responsible for Higher Education, and in particular Article 7 thereof;
Having regard to Decree No. 2001-126 of February 6, 2001, concerning the decentralization of certain recruitment and personnel management decisions for non-tenured higher education personnel;
Having regard to Decree No. 2021-1290 of October 1, 2021, establishing Nantes University and approving its bylaws;
Having regard to the Order of October 30, 1987, establishing the remuneration procedures for foreign-language lecturers and foreign-language instructors in public higher education institutions under the authority of the Minister responsible for Higher Education;

Subject to medical fitness for the duties:
Budget allocation: 0150 Higher Education and University Research (100.00%)
Position number: PRCE 0579

BETWEEN

Nantes Université, represented by its President, **Ms. Carine BERNAULT**, duly authorized to sign this contract,

hereinafter referred to as **the "University,"** of the first part,

AND

Mr.	GUARILHA ALVES Vinicius
Date of birth:	06/04/1985 in BRASILIA DF
Nationality:	BRAZILIAN — NE
Identification No.:	1850699416146
Address:	144 KENRICK STREET BRIGHTON

hereinafter referred to as the "Employee," of the other part,

IT HAS BEEN AGREED AS FOLLOWS

Article 1

Mr. Vinicius GUARILHA ALVES, having successfully completed one year of studies after obtaining a French or foreign degree equivalent to a French national bachelor's degree, is appointed as a foreign-language lecturer.
This contract shall take effect as of 09/01/2024 and shall end on 08/31/2025.
The first month shall be considered a probationary period. Termination during or upon expiration of this period shall not give rise to any notice period or compensation.

Article 2

For the duration of this contract, Mr. Vinicius GUARILHA ALVES shall perform his duties on a full-time basis. The employee shall provide full-time service corresponding to 300 hours of practical teaching sessions.
Where the teaching service includes directed teaching sessions, one hour of directed teaching shall be equivalent to one and one-half hours of practical teaching sessions. (1)

Article 3

For the duration of this contract, the Employee shall receive a gross monthly remuneration corresponding to a null gross index*, determined pursuant to the aforementioned Order of October 30, 1987; and, where applicable, the bonuses and allowances expressly provided for by a general legislative or regulatory text or

***Translator's note**: The term "null" appears in the original document and seems to indicate an unfilled or automatically generated field.*

by specific texts applicable to the Employee's situation, as implemented within the institution.

Article 4
At the end of the period provided for in Article 1 above, this contract may be renewed only once, for a period of one year. Any renewal shall be the subject of an amendment to this contract.

Article 5
In the event that subrogation is implemented within the University, the employee authorizes his employer to be subrogated in his place in order to receive from the Social Security agency the daily allowances to which his situation entitles him, in compliance with the provisions of Article R. 323-11 of the Social Security Code.

Article 6
For persons of foreign nationality, except nationals of the European Union or the European Economic Area, this contract is issued subject to the condition that the Employee is in regular status with respect to salaried employment in France. Failing this, the contract shall be null and void.

Article 7
This contract may be terminated by either party in the event of non-performance of obligations by the other party.

Article 8
For all matters not provided for in this contract, the Employee shall be subject to the provisions of Decree No. 86-83 of January 17, 1986.

Article 9
The holder of this contract acknowledges having read the aforementioned Decree of September 14, 1987, as amended.

Article 10
The administrative court — Administrative Court of Nantes — shall have jurisdiction over all disputes that may arise in connection with the performance of this contract.

(1) Within the limit of 100 hours.

Executed in Nantes, on

The President of Nantes University

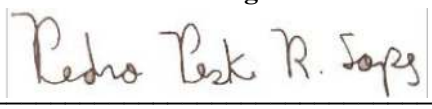
The Employee
Signature preceded by the handwritten words "Read and approved"

Michel Catala
On 07/03/2024 01:46:47 p.m. +02:00
----//Signature//----

[Stamp: **Nantes University - BP 13522 44035 NANTES Cedex 1**]

Recipients:
->The Employee
->The HR/Social Dialogue Department
->The Institution

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 7, 2026.

Nantes Université

→ **Direction des Ressources Humaines et du Dialogue Social**

Contrat d'engagement en qualité de lecteur de langue étrangère recruté à titre personnel

Présidence de
Nantes Université
1,quai de Tourville
BP 13522
44035 NANTES
cedex 1

Vu le code de l'éducation et notamment l'article L951-3 ;

Vu le code général de la fonction publique et notamment l'art. L. 332-2, al.2 ;

Vu le décret n° 86-83 du 17 janvier 1986 modifié relatif aux dispositions générales applicables aux agents contractuels de l'Etat ;

Vu le décret n°87-754 du 14 septembre 1987 modifié relatif au recrutement de lecteurs de langue étrangère et de maîtres de langue étrangère dans les établissements publics d'enseignement supérieur relevant du ministre chargé de l'Enseignement supérieur et notamment l'article 7 ;

Vu le décret n°2001-126 du 6 février 2001 portant déconcentration de certaines décisions de recrutement et de gestion de certains personnels non titulaires de l'enseignement supérieur ;

Vu le décret n°2021-1290 du 1er octobre 2021 portant création de Nantes Université et approbation de ses statuts ;

Vu l'arrêté du 30 octobre 1987, fixant les modalités de rémunération des lecteurs de langue étrangère et des maîtres de langue étrangère dans les établissements publics d'enseignement supérieur relevant du ministre chargé de l'enseignement supérieur ;

Sous réserve de l'aptitude médicale aux fonctions ;

Imputation budgétaire : 0150 Formation supérieure et recherche universitaire (100,00%)
Numéro d'emploi : PRCE 0579

ENTRE

Nantes Université, représentée par sa Présidente, Madame Carine BERNAULT, dûment habilitée pour signer le présent contrat,

dite « l'Université », d'une part,

ET

Monsieur	GUARILHA ALVES Vinicius
date de naissance	04/06/1985 à BRASILIA DF
nationalité	BRÉSILIEN(NE)
n° d'identification	1850699416146
adresse	144 KENRICK STREET BRIGHTON

dit « l'intéressé », d'autre part,

IL A ÉTÉ CONVENU CE QUI SUIT

Article 1

Monsieur Vinicius GUARILHA ALVES, justifiant d'une année d'études accomplie avec succès après l'obtention d'un titre ou d'un diplôme français ou étranger d'un niveau équivalent à celui du diplôme national de licence, est engagé en qualité de lecteur de langue étrangère.
Le présent contrat prend effet à compter du 01/09/2024 et prend fin le 31/08/2025.
Le premier mois sera considéré comme période d'essai. Un licenciement au cours ou à l'expiration de cette période ne donnera lieu ni à préavis, ni à indemnité.

Article 2

Pendant la durée du présent contrat, Monsieur Vinicius GUARILHA ALVES assure ses fonctions à temps complet. L'agent effectue un service à temps complet correspondant à 300 heures de travaux pratiques.
Dans le cas où le service d'enseignement comprend des travaux dirigés, une heure de travaux dirigés équivaut à une heure et demie de travaux pratiques. (1)

Article 3

Pendant la durée du présent contrat, l'intéressé perçoit une rémunération mensuelle brute correspondant à l'indice brut null, fixée en application de l'arrêté du 30 octobre 1987 susvisé ; et, le cas échéant, les primes et indemnités expressément prévues par un texte de portée générale ou

prévues par les textes particuliers applicables à la situation de l'intéressé mises en place au sein de l'établissement.

Article 4

À l'issue de la période prévue à l'article 1er ci-dessus, le présent contrat peut être renouvelé, une seule fois, pour une période d'un an. Le renouvellement éventuel fera l'objet d'un avenant au présent contrat.

Article 5

En cas de mise en place de la subrogation au sein de l'université, l'agent autorise son employeur à se subroger à lui pour percevoir du centre de sécurité sociale des indemnités journalières auxquelles sa situation ouvre droit, dans le respect des dispositions de l'article R 323-11 du code de sécurité sociale.

Article 6

Pour les personnes de nationalité étrangère (sauf ressortissants de l'Union Européenne ou de l'Espace Economique Européen), le présent contrat est établi sous réserve que l'intéressé soit en situation régulière au regard d'une activité salariée en France. À défaut, celui-ci sera nul et non avenu.

Article 7

Le présent contrat peut être résilié par l'une des parties en cas d'inexécution des obligations par l'autre partie.

Article 8

Pour toutes les questions non prévues dans le présent contrat, l'intéressé relève des dispositions du décret 86-83 du 17 janvier 1986.

Article 9

Le titulaire du présent contrat reconnaît avoir pris connaissance du décret du 14 septembre 1987 susvisé, modifié.

Article 10

La juridiction administrative - Tribunal Administratif de Nantes - est compétente pour connaître de tous les litiges qui pourraient survenir à l'occasion de l'exécution de ce contrat.

(1) Dans la limite de 100 heures

Fait à Nantes, le

L'intéressé
(signature précédée de la mention "lu et approuvé")

La Présidente de Nantes Université

Michel Catala
le 03/07/2024 13:46:47 +02:00



Destinataires :
→ L'intéressé(e)
→ Le service DRHDS
→ L'établissement

FRENCH
REPUBLIC
Liberty
Equality
Fraternity

Sorbonne Nouvelle

University of Cultures

HR
Department of Human Resources

CONTRACT FOR TEMPORARY TEACHING ASSIGNMENTS

Having regard to Law No. 83-634 of July 13, 1983, as amended, concerning the rights and obligations of civil servants;
Having regard to Law No. 84-16 of January 11, 1984, as amended, establishing statutory provisions relating to the State civil service, and in particular Article 6 thereof;
Having regard to Decree No. 71-715 of September 2, 1971, as amended, relating to certain methods of remuneration for teaching staff holding a position in a higher education institution;
Having regard to Decree No. 83-1175 of December 23, 1983, as amended, relating to compensation for additional teaching hours established in public scientific and cultural institutions and other higher education institutions under the authority of the Ministry of National Education;
Having regard to Decree No. 87-889 of October 29, 1987, as amended, relating to the recruitment and employment conditions of temporary teaching staff in higher education;
Having regard to the Order of December 3, 2010, amending the Order of November 6, 1989, relating to the rate of remuneration for additional hours;

Having regard to the proposal of the Director of the Department **FCP3 - TRAINING**,

It has been agreed between the undersigned:

- Sorbonne Nouvelle University - Paris 3, represented by the President, of the one part;
- And, of the other part, the person hereinafter referred to as the "contracting party," Mr. VINICIUS GUARILHA ALVES;

as follows:

Article 1
The contracting party is recruited as a temporary adjunct lecturer for the **2024/2025** academic year.
He undertakes to provide Sorbonne Nouvelle University with the supporting documents required according to his professional situation. Failure to produce these documents shall prevent any payment for the hours performed.

The contracting party undertakes to inform Sorbonne Nouvelle University, Teaching Staff Department, of any change in his administrative or professional situation.

Article 2
The contracting party shall provide the relevant teaching services according to the needs of the academic unit. The distribution of hours among lectures, discussion sections/tutorials, and practical classes shall be specified in the statement of hours transmitted by the academic unit. Only the hours entered on that statement shall be remunerated after services have been rendered.

The teaching service of the contracting party must not result in exceeding the maximum number of annual TD hours authorized by his status in one or more institutions.

Article 3
The contracting party shall participate in meetings organized for pedagogical purposes, in the assessment of knowledge, and in examinations related to his teaching. The performance of these duties shall give rise neither to additional remuneration nor to a reduction in the service obligations set by the academic unit.

Article 4
The gross hourly rate of remuneration for the temporary teaching assignment is set at EUR 43.50 as of July 1, 2023.

Payments are made after certification of services rendered, transmitted by the academic unit.
This statement of hours must also indicate the budget line to which the expenditure shall be charged.

Paris, 05/07/2025 - 04:48:57 p.m.

The Contracting Party

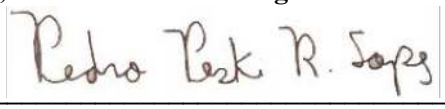
Paris, 05/07/2025

The President

Daniel MOUCHARD

By delegation of the President
The Deputy Director General of Services
----//signature//----
Fatima LAMRANI

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 14, 2026.

RÉPUBLIQUE FRANÇAISE
Liberté Égalité Fraternité

Sorbonne Nouvelle
université des cultures

DRH
direction des ressources humaines

CONTRAT D'ENGAGEMENT DE VACATIONS D'ENSEIGNEMENT

Vu la loi n°83-634 du 13 juillet 1983 modifiée portant droits et obligations des fonctionnaires ;
Vu la loi n° 84-16 du 11 janvier 1984 modifiée portant dispositions statutaires relatives à la fonction publique de l'Etat, et notamment son article 6 ;
Vu le décret n°71-715 du 2 septembre 1971 modifié relatif à certaines modalités de rémunération de personnels enseignants occupant un emploi dans un établissement d'enseignement supérieur ;
Vu le décret n°83-1175 du 23 décembre 1983 modifié relatif aux indemnités pour enseignements complémentaires institués dans les établissements publics à caractère scientifique et culturel et les autres établissements d'enseignement supérieur relevant du ministère de l'éducation nationale ;
Vu le décret n°87-889 du 29 octobre 1987 modifié relatif aux conditions de recrutement et d'emploi de vacataires pour l'enseignement supérieur ;
Vu l'arrêté du 3 décembre 2010 modifiant l'arrêté du 6 novembre 1989 relatif au taux de rémunération des heures complémentaires

Vu la proposition du directeur du département **FCP3 - FORMATION**
Il a été convenu entre les soussignés,

- L'université Sorbonne Nouvelle-Paris 3, représentée par le Président d'une part,
- Et, d'autre part le ci-après dénommé(e) « contractant », M. VINICIUS GUARILHA ALVES

Ce qui suit :

Article 1
Le contractant est recruté en qualité de chargé d'enseignement vacataire pour l'année universitaire **2024/2025**
Il s'engage à fournir à l'Université Sorbonne Nouvelle les justificatifs nécessaires selon sa situation professionnelle. L'absence de production de ces documents empêche tout paiement des heures effectuées

Le contractant s'engage à signaler à l'Université Sorbonne Nouvelle, Service du Personnel Enseignant, tout changement dans sa situation administrative ou professionnelle.

Article 2
Le contractant assurera les enseignements concernés selon le besoin de la composante de formation. La répartition en heures CM, TD, TP sera précisée sur le décompte d'heures transmis par la composante de formation. Seules les heures inscrites sur ce décompte seront rémunérées après service fait.

Le service d'enseignement du contractant ne doit pas conduire à dépasser le maximum d'heures TD annuelles autorisé par son statut dans un ou plusieurs établissements.

Article 3
Le contractant participe aux réunions, organisées à des fins pédagogiques, au contrôle des connaissances et aux examens relevant de son enseignement. L'exécution de ces tâches ne donne lieu ni à une rémunération supplémentaire ni à une réduction des obligations de service fixées par la composante de formation.

Article 4
Le taux de rémunération horaire brut de la vacation est fixé à 43,50 euros au 1er juillet 2023.

Les paiements sont effectués après attestation du service fait transmis par la composante de formation
Cet état d'heures doit également indiquer la ligne de crédits sur laquelle s'effectuera l'imputation budgétaire.

Paris le 07/05/2025 - 16:48:57

Le contractant

Paris le 07/05/2025

Le Président

Daniel MOUCHARD

Par délégation du Président
La Directrice Générale des Services adjointe
Fatima LAMRANI

BRAZIL-COLOMBIA CULTURAL INSTITUTE

Bogotá D.C., September 1st, 2025

Dear Sir or Madam
MINISTRY OF FOREIGN AFFAIRS
Republic of Colombia
City

Subject: Employment Verification Letter – Application for Temporary Resident Mercosur Visa

The Brazil-Colombia Cultural Institute – IBRACO, a nonprofit organization under private law established by the Embassy of Brazil, which fulfills a cultural and academic mission to promote and disseminate the Portuguese language and Brazilian culture in Colombia, hereby certifies that:

Mr. **Vinicius Guarilha Alves**, a Brazilian citizen, identified with Passport No. **YF127746**, has been a member of our institution's teaching staff since **May 20, 2025**, performing duties remotely as a teacher of Portuguese as a foreign language for students at different levels.

Once he obtains the Mercosur Visa and the Colombian National Identification Card, the aforementioned teacher will perform his duties in person at our office in Bogotá, D.C.

The academic activities that he currently performs and will perform in Colombia constitute the main activity that he intends to carry out in the country, and his means of support will be derived from the teaching work performed with the Institute.

This letter is executed in Bogotá, D.C., on the 1st day of September 2025.

Sincerely,



Beatriz Miranda Côrtes
Director
Brazil-Colombia Cultural Institute – IBRACO

Bogotá D.C., September 1st, 2025

Dear Sir or Madam
MINISTRY OF FOREIGN AFFAIRS
Republic of Colombia
City

Subject: Letter of Application for a Temporary Resident Mercosur Visa under the Agreement on Residence for Nationals of States Parties of Mercosur and Associated States

I, **VINICIUS GUARILHA ALVES**, a Brazilian citizen identified with Passport No. **YF127746**, hereby apply for the grant of a *Temporary Resident Mercosur Visa under the Agreement on Residence for Nationals of States Parties of Mercosur and Associated States*, since I will carry out academic activities related to the teaching of the Portuguese language with the Brazil-Colombia Cultural Institute (IBRACO), Tax Identification No. 830.015.104-4, a nonprofit organization under private law established by the Embassy of Brazil, which fulfills a cultural and academic mission to promote and disseminate the Portuguese language and Brazilian culture in Colombia.

I declare that my means of support in Colombia will be derived from the activities that I perform with said entity.

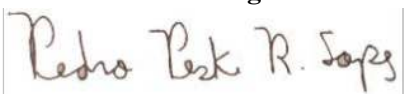
Sincerely,

VINICIUS GUARILHA ALVES

Passport **YF127746**



I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: August 3, 2026.

Bogotá D.C., 01 de septiembre de 2025

Señores
MINISTERIO DE RELACIONES EXTERIORES
República de Colombia
Ciudad

Asunto: Constancia de vinculación laboral – Solicitud de Visa Residente Temporal Mercosur

El Instituto de Cultura Brasil-Colombia – IBRACO, entidad sin ánimo de lucro de derecho privado, fundada por la Embajada de Brasil, que cumple una misión cultural y académica para la promoción y divulgación del idioma portugués y la cultura de Brasil en Colombia, hace constar que:

El señor **Vinicius Guarilha Alves**, ciudadano brasileño, identificada con pasaporte **No. YF127746**, integra el equipo docente de nuestra institución desde el **20 de mayo de 2025**, desempeñándose en la modalidad a distancia como profesora de portugués como lengua extranjera para estudiantes de diferentes niveles.

Una vez obtenga la Visa Mercosur y la Cédula de Ciudadanía colombiana, la mencionada docente desarrollará sus actividades de manera presencial en nuestra sede en Bogotá D.C.

Las actividades académicas que actualmente realiza y que realizará en Colombia constituyen la actividad principal que pretende desarrollar en el país, y sus medios de subsistencia provendrán de la labor docente ejercida con el Instituto.

En constancia se firma en Bogotá D.C., a los 01 días del mes de septiembre de 2025.

Atentamente,



Beatriz Miranda Côrtes
Directora
Instituto de Cultura Brasil-Colombia – IBRACO

Bogotá D.C., 01 de septiembre de 2025

Señores
MINISTERIO DE RELACIONES EXTERIORES
República de Colombia
Ciudad

Asunto: Carta de solicitud de Visa Residente Temporal bajo el Acuerdo sobre Residencia de los Estados Partes de Mercosur y Asociados.

Yo, **VINICIUS GUARILHA ALVES**, ciudadano Brasileño Identificado con Pasaporte **YF127746**, solicitó por medio de la presente, me sea otorgada la *Visa Residente Temporal bajo el Acuerdo sobre Residencia de los Estados Partes de Mercosur y Asociados,* dado que desarrollaré actividades académicas relacionadas con la enseñanza de la lengua portuguesa, con el Instituto de Cultura Brasil Colombia (IBRACO) NIT. 830.015.104-4, entidad sin ánimo de lucro de derecho privado, fundada por la Embajada de Brasil, que cumple una misión cultural y académica para la promoción y divulgación del idioma portugués y la cultura de Brasil en Colombia.

Manifiesto que los medios de subsistencia que tendré en Colombia, serán derivados de las actividades que desarrolle con dicha entidad.

Cordialmente,

VINICIUS GUARILHA ALVES

Pasaporte **YF127746**



Exhibit 8 - Evidence of Bona Fide Marriage: Letters of Support

Brianna Coccia
14 Atlantic Avenue,
West Sayville, NY 11796

May 12th, 2026

Dear Honorable Immigration Judge,

My name is Brianna Coccia and I am a proud citizen of the United States of America. I am writing with my full support for the immigration application of my brother in law, Vinicius Guarilha Alves. I have known Vinicius for 5 years and have always known him to be a committed, respectable and a deeply involved person in his community.

Before I even met Vinicius in real life, I knew of him through the eyes of my sister Amanda. As she spoke about the languages they both spoke and the adventures they'd been on, I could see the spark in her eyes twinkling. He was bringing the kind of joy to her heart that a kid has when they discover bubbles. Jokingly I referenced Vinicius as a man who spoke both her love language and the literal love languages. Little did I know how true this was until I saw them together for the first time.

I first met Vinicius in December of 2021 while he was visiting Long Island with my sister Amanda for the holidays. I was excited to meet him but understandably weary, I wanted to meet and understand the man that had captured her heart. Upon meeting Vini, instantly any guard I had up was down. His intelligence, kindness and personability unarmed me. This is one of the first things I admired about him. His kind heart and genuine curiosity for life gave him this innate ability to connect with every person in a room. His patience and candor when talking with our developmentally challenged and reactive sister was all I needed to see to know he was a good man. He was effortlessly fitting into our family and it is at this moment I knew he was here to stay, and that I would have it no other way.

I got to know Amanda and Vini deeper as a couple when I stayed with them in Massachusetts in January of 2023. At the time they were both language professors at Boston College pursuing their Master Degrees. During my stay we spent a lot of time together, whether it was discussing their lesson plans, ideas for community activities, grocery shopping, or walking around town. It was in the mundane tasks of everyday life where I learned how dedicated and loving Vincius was as a Professor but also as a Partner. Every decision he made was informed, ethical and with the best interests for all parties.

Being here along their journey as a couple has been the most beautiful thing to watch unfold and be a participant in. One of my favorite memories include being a bridesmaid at their wedding in May of 2023. I will never forget the moment they were saying "I do" and were interrupted by the speaker for the ceremony loudly proclaiming "bluetooth disconnected" or the moment our childhood dog Scotty almost peed on Amanda's dress.

However, if I was to pick my favorite moments with them it would have to include our travels to Brazil in 2024 and France in 2025. In Brazil, I was exposed to the rich and beautiful culture he was raised in, spent time with his parents and truly learned what family meant to him. In France, I got to meet my nephew Benjamin for the first time. Nothing compares to the joy I have had watching Amanda turn into a Mom and Vini a Dad.

I believe in the deepest parts of my soul that Amanda and Vini's union is one built on mutual respect, genuine love and connection. Their desire to be great educators, pillars of their community and parents make the U.S. a perfect place for them to settle. Moving to the U.S. means they will be closer to family and allow us to have a more active role in raising Benjamin with strong family values. The prospective job opportunities open to Vini in the states would allow him to continue to create educational and enriching programming for the communities around him.

Ultimately, I declare my full support of Vinicius Guarilha Alves receiving his Green Card. I declare under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. Feel free to reach out to me personally at (631) 578-3533 and I will be happy to provide any additional support.

Sincerely,

Brianna Coccia

Email: briannalcoccia@gmail.com
Phone Number: (631) 578-3533

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
[illegible]ovide for the common defence,
[illegible]note the general Welfare, and secure
[illegible]blessings of Liberty to ourselves and
[illegible]posterity, do ordain and establish this
[illegible]Constitution for the United States of America.

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: 655967874

Surname / Nom / Apellidos
COCCIA

Given Names / Prénoms / Nombres
BRIANNA LEE

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
30 Dec 1999

Place of birth / Lieu de naissance / Lugar de nacimiento
NEW YORK, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
23 Sep 2020

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
22 Sep 2030

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USACOCCIA<<BRIANNA<LEE<<<<<<<<<<<<<<<<<<<<

6559678741USA9912304F3009222117163696<815844

Catherine Elizabeth Strait
8 Rue du Nil, Apt 6
44800 Saint-Herblain
France
May 12, 2026

Dear Honorable Immigration Judge,

My name is Catherine E Strait, an American born in Fort Atkinson, Wisconsin, and I had the pleasure of working with Vinicius Guarilha Alves and his wife Amanda Rose Coccia at Nantes University in France during the academic year of 2024-25. Amanda and I were both English Lecturers and Vinicius was a Portuguese Lecturer.

Vinicius and Amanda seemed inseparable at work! They would eat lunch together everyday. Vinicius would often stop by my shared office with Amanda just to check in on her throughout the day. I always loved when Vinicius would stop in and see us. He is a person who radiates happiness and love. He knows exactly how to uplift one's spirit. He is a very passionate and active teacher, often doing many extra activities with his students outside of university expectations.

Amanda and I worked on a team of 7 lecturers in the English Departement, and we were all thrilled when they shared the news of their pregnancy. It felt even more special after the birth of their son Benjamin knowing the team was informed within the hour of his birth. They were so excited once Benjamin's American Passport had come in the mail. They had him in a special American red, white, and blue outfit to celebrate.

Amanda and I shared a special bond being the only Americans on the team. Vinicius and Amanda hosted Thanksgiving that year so we all had the chance to celebrate the holiday together and with our loved ones as well. It was always wonderful being in their home and watching them navigate their bilingual lives and cultures together. It is so beautiful thinking how they fell in love at university in America and had their marriage in America as well. Vinicius had all the American food recommendations for my financé the first time he visited America. Vinicius definitely shares a love for America, its food, and its culture.

Vinicius was super excited to have his American son Benjamin! He is a fantastic father! Very loving and caring for him. They send us photo updates as he grows bigger and bigger. I can't wait to hopefully see all three of them next summer for my wedding so we can share more important moments together. I miss seeing Vinicius at the university. He was always smiling and brightened up the room. He's a very sociable and kind person. Vinicius is an upright citizen, but also an ideal person you want in your life. I'm so happy and sad that I was only able to work with Vinicius and Amanda for one year. I'm glad they have forged their life together and I think it will be wonderful to grant Vinicius his green card so they can move back home to America, where their relationship started and they have friends and Amanda's American family. Especially so they can raise their American son Benjamin in the United States as well surrounded by family.

I declare under the penalty of perjury that the information above is true and accurate to the best of my knowledge and belief.

Cordially,

Catherine E Strait

Email : catystrait@gmail.com
Phone : +33 07 49 61 37 62
(July 2- Aug 18) +1 (262)-949-2656


We the People
Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.
Catherine E. Strait
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
565208040
Surname / Nom / Apellidos
STRAIT
Given Names / Prénoms / Nombres
CATHERINE ELIZABETH
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
14 May 2000
Place of birth / Lieu de naissance / Lugar de nacimiento
WISCONSIN, U.S.A.
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
09 Feb 2017
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
08 Feb 2027
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USASTRAIT<<CATHERINE<ELIZABETH<<<<<<<<<<<<
5652080402USA0005142F2702087183473783<131898

1001 City Avenue

WB-513

Wynnewood, Pennsylvania

May 13, 2026

Dear Honorable Immigration Judge,

I write to you to endorse and recommend that Mr. Vinicius Guarilha Alves, a Brazilian citizen, married to a US citizen, be granted a "green card" so that he may enter and reside in the United States for the following reasons.

Firstly, he is the husband of a United States citizen, Mrs. Amanda Rose Coccia whom he married in April of 2022 and is the father of another United States citizen, Mr. Benjamin Coccia Guarilha.

I am a member of the Bar of the Supreme Court of the State of California since 1992. I am also a member of the Bar of the Supreme Court of the United States. For almost 20 years I worked for Discovery Networks (now part of Warner Bros Discovery) as head of business and legal affairs for the 15 Discovery networks in Latin America including the 2 Spanish language networks in the United States, Discovery Kids and Discovery en Español.

I have known Vinicius Guarilha for more than 7 years. I first met Mr. Guarilha as a teacher in a Portuguese language school, Escola Casa Brasileira, in Sao Paulo, Brazil in July 2018. In the ensuing 7 years, I have been a student of Mr. Guarilha's by video classes and by in-person meetings. I find him to be a very effective, engaging teacher of languages (he is currently teaching me French) and a person of high moral character. Mr. Guarilha is currently working at the Cultural Institute of Brazil-Colombia in Colombia. His role is to help promote Brazilian culture and language. I cannot think of a person better suited to such a role.

In December 2023, I visited Mr. Guarilha while he was a lecturer in the Portuguese Department at the University of Nantes in Nantes, France. He had a fantastic rapport with the students. It was obvious that he used this likeable trait to create deeper student engagement with Brazilian Portuguese language and literature. At the University of Babes-Bolyai in Romania during the height of the pandemic when the actual campus was closed Mr. Guarilha built a curriculum and cultural enrichment center online that was superior in every aspect of learning and teaching. He is a model university professor and I am sure that he would be a great addition to the United States university systems.

He is very aware of the university systems in the United States because he has taught at Middlebury College and he himself has been a graduate student at Boston College. His life experiences make him a well-rounded, cultured addition to the United States.

I declare under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief.

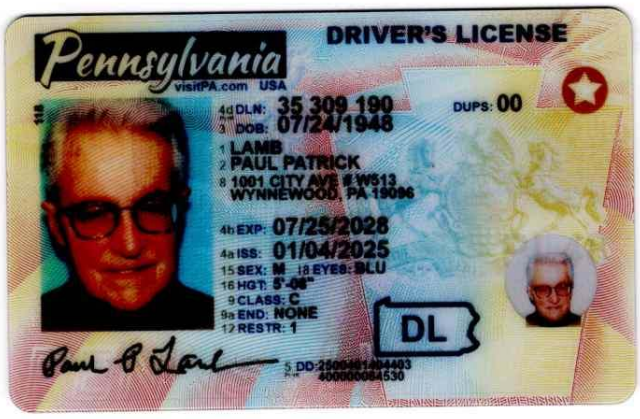
Signed,



Paul P. Lamb

Email: paulplamb@gmail.com

Ph: 786-810-7310


Pennsylvania
visitPA.com USA
DRIVER'S LICENSE
4d DLN: 35 309 190
DUPS: 00
3 DOB: 07/24/1948
1 LAMB
2 PAUL PATRICK
8 1001 CITY AVE # W513
WYNNEWOOD, PA 19096
4b EXP: 07/25/2028
4a ISS: 01/04/2025
15 SEX: M 18 EYES: BLU
16 HGT: 5'-08"
9 CLASS: C
9a END: NONE
12 RESTR: 1
DL
5 DD:

PRADEEP VASUDEVAN
4 NAZNEEN CIRCLE, HOPKINTON, MA-01748 USA

DATE: 05/14/2026

Dear Honorable Immigration Judge,

I am Pradeep Vasudevan, permanent resident of USA working at software company called MathWorks in Natick city of MA. I have known Vinicius Guarilha Alves and Amanda Rose Coccia for little more than 4 years. We know each other as we follow the same meditation practice called Kriya Yoga. They were very sincere in their practice with deep love for the community and service. They both used to attend monthly meditation sessions where I could hear about their background, their passion to teach, serve needy and be useful for the community and the country. I have also meet Vinicius and Amanda in our Kriya Yoga temples at Homestead, FL and Joliet, IL. Last year I had opportunity to see them in our Tattendorf temple in Austria along with their baby. It was their first meeting of the big group after their baby was born.

I declare under penalty of perjury that the information provided above is true and accurate to the best of my belief.

05/14/2026

Sincerely,
Pradeep Vasudevan
Email: Pradeep.Poly@gmail.com
Phone Number: +1 508 826 1726



May 5, 2026

Dear Honorable Immigration Judge,

My name is Sofia Maria Leathers, I am a U.S. citizen, and I write as a friend and former colleague of Vinicius Guarilha Alves.

I met Vinicius (Vini) in 2021 when he taught Portuguese at a prestigious liberal arts college in Vermont, Middlebury College. He quickly made a positive impact on our small campus community by hosting successful events on behalf of his department, such as cooking classes, presentations, and dance classes. My closest friend, Amanda Coccia, and I got to know Vini well through our shared passion for languages and food.

I was pleased to join Vini and Amanda for their wedding on Long Island in 2023. Vini had already been welcomed by Amanda's parents, three sisters, brother-in-law, and pastor/childhood mentor. The same is true for the high esteem Vini's family holds for Amanda: I witnessed effusive phone exchanges from his mother and Amanda.

Vini exemplifies American values: he is earnest, hardworking, and devoted to his family. His career in higher education includes teaching and research at Boston College, an investment in young American minds he has paid forward.

Vini's family life is also rooted in the U.S. through Amanda and their son, Benjamin. Amanda's family has caregiving responsibilities that prevent their travel abroad – Vini's U.S. Green Card would offer them the chance to remain a unit. Benjamin has a cousin of a similar age, and another on the way, on Long Island. Vini cares deeply about enriching his son's childhood with quality time with both sides of the family, and his Green Card would grant him the necessary flexibility.

I declare under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief.

Sincerely,



Sofia Maria Leathers
May 5, 2026
(561) 962-5348

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.

Sofia Leathers

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA



Type / Type / Tipo: P

Code / Code / Codigo: USA

Passport No. / No. du Passeport / No. de Pasaporte: 584129589

Surname / Nom / Apellidos
LEATHERS

Given Names / Prénoms / Nombres
SOFIA MARIA

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
12 Nov 1999

Place of birth / Lieu de naissance / Lugar de nacimiento
FLORIDA, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
13 Apr 2018

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
12 Apr 2028

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USALEATHERS<<SOFIA<MARIA<<<<<<<<<<<<<<<<<<<<

5841295893USA9911123F2804121421089465<492598

Rev. Tammy Torelli

371 Center St.

Wolcott CT, 06716

Re: Green Card Application for Vinicius Guarilha Alves

Dear Honorable Immigration Judge,

I first met Amand when she was still very young and learning about her passions in life. I have been honored to know Vinicius and Amanda as a couple for many years now. It was my pleasure to preside over their wedding that took place on Long Island, in NY, where Amanda was raised. In meeting Vinicius I knew he must be of outstanding character for Amanda to wish to join her life with his. In getting to know him I understand why they have chosen each other. I see his passion for life, love of family, and dedication to the task he sets before himself. As a student, he worked to master several languages. He is fluent in Portuguese, English, French, Spanish, Italian, and Romanian. As both a student and later a professor, Vinicius, has worked to develop a love of language in those around him and his students. He is an asset to the academic community. He is hoping to return to teaching pending the approval of his Green Card, and return to the United States.

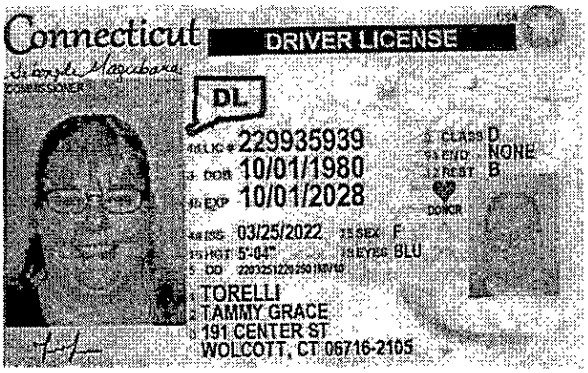
While they were both teaching abroad, they were blessed to become parents to Ben. It has been a beautiful chapter for their family book. As it comes to a close, they hope for the next chapter to be in the United States where they can raise their son in the New England area where they first met. As students, Amanda and Vinicius have traveled to various places in the world to experience culture and develop their language skills. As the parents of Ben, they look to give their son the same foundation and education in the United States that they have benefited from. We often take for granted both the liberties and freedoms built into our American culture. They wish to immerse their son in the culture that can only be found in the United States. Through her world travels Amanda has always returned home to the United States. It is where her foundation began and where she returns when she has learned the new wonderful something she has set out to learn. Amanda and Vinicius hope for the same experience of returning home to the United States for their son.

Granting Vinicius his Green Card is the right next step for this family to embrace their goal of raising Ben in the United States. It was there they met and nurtured their passion for language and a life long love of learning. His ability to obtain his Green Card has a direct impact on the next chapter in the life of this family.

"I declare under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief."

Blessings, Rev. Tammy Torelli





Phone: (631)645-3575, email uccangel1@yahoo.com

Rev. Tammy Torelli

5/17/26

5/11/26

Tracey Schroeder

12 Thornwood Drive

Shirley, NY 11967

Dear Honorable Immigration Judge,

My name is Tracey Schroeder. I am an American citizen born in Fort Myers, FL. I am writing on the behalf of Vinicius Guarilha Alves, or Vinny, my son-in-law.

My daughter, Amanda Coccia began telling me about her relationship with Vinny during Thanksgiving of 2021. I met Vinny during Christmas of 2021 when they came for a visit from the college they both attended and worked at in Vermont called Middlebury College.

He was very respectful, and my family made him feel right at home. He is a very likeable person with a friendly, inviting, fun loving character. I could see how happy he made my daughter and that made me comfortable with him from the time I met him.

Amanda met Vinny at Middlebury College where he was Portuguese Teaching Assistant taking an Italian class and Amanada was seeking a French/Italian major. Their love of languages was what brought them together.

By January of 2022, Amanda & Vinny were engaged. I was so excited for them both.

In May of that same year, I attended Amanda's graduation ceremony in Vermont at Middlebury College, where Vinny also attended to support her in her graduation

After graduating they both found an apartment in Boston and attended Boston College. There, they studied and also found jobs contributing to education. After finishing their first year of the program together, they hosted their wedding in May of 2023.

I attended their wedding on Long Island at Amanda's sister's home. My ex-husband also attended and brought his dog,as it was a backyard wedding. Everyone was shocked when the dog lifted his leg to relieve himself on Amanda's wedding dress.

Shortly thereafter they went to France where they traveled around Europe and worked at a French school together that summer. Vinny found a job opportunity there and stayed while Amanda came back to Boston to finish her degree.

A year later, Amanda graduated from Boston College in May of 2024 with her Master's degree. Vinny came back to the US for the ceremony and to celebrate with our family. After this graduation, Amanda and Vinny moved to France together, where their son Benjamin was born. I also traveled to France shortly after he was born. Vinny showed me many different places, museums etc. during my visit. I was in awe as I met my grandson, Benjamin, for the first time. Vinny is a very caring, attentive father and has an incredible bond with his son.

Overall, Vinny is a very hard worker, good provider and great father. I have many fond memories with Vinny like when he visited me on Long Island and he and my daughter took beautiful pictures to announce their pregnancy during the spring with all my flowering plants in my yard. They stayed at my home and during breakfast one morning we were eating pancakes. Vinny found a song on his phone about pancakes and he had everyone singing and chanting "Hey, I love pancakes".

Vinny has employment opportunities in the US as well as close family and a son who is an American citizen and I am in favor of him obtaining his Green Card.

I declare under penalty of perjury that the information provided is true and accurate to the best of my knowledge and belief,

Tracey Schroeder

Tracey Schroeder

E-mail: TracCoccia@aol.com

Phone number: (631) 601-9704



Ângela Maria Srur Guarilha Alves
SQS 104 Block D, apartment 204, Brasília, Federal District
Brasilia, May 18, 2026

Dear Immigration Judge,

I, Angela Maria Srur Guarilha, Brazilian, born on November 24, 1952, in Brazil, declare that I am the mother of Vinicius Guarilha Alves, who is my second child. Vinicius has always been highly intelligent and a very healthy child, excelling in every area of his life. At school, he always achieved excellent academic performance, as well as in sports. In interpersonal relationships, he has always been deeply loved by everyone, primarily due to his personality and his great sense of community.

As a young man, he went to study and work in France, thereby building his professional life and financial independence.
After working at universities in Portugal and Romania, in 2021 he moved to the United States, where he met my daughter-in-law, Amanda Rose Coccia. I met Amanda in June 2022, when she came to Brazil for the first time, and I very quickly realized that Vinicius and she were made for each other. Their relationship is highly harmonious, happy, and grounded in moral and spiritual values. They share the same passion for languages and cultures, and use it to make a positive contribution to their community and the place where they live.

Unfortunately, due to the distance, I was unable to attend their wedding ceremony in 2023, nor the birth of my grandson in France in 2025, but every time they come to Brazil, they stay at my house in Brasília. In addition, we make video calls every week to see each other and talk. Amanda and Vinicius returned to Brazil in 2024 and at the end of 2025 and beginning of 2026, when we traveled together to spend New Year's Eve in Maceió, Alagoas, which was when I had the joy of meeting my first grandson: Benjamin.

I am convinced that upon obtaining the green card, Vinicius will contribute very effectively to the well-being of American society, as his values and conduct reflect the high values of this country.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief. I remain entirely at your disposal should any further information be required.

Sincerely,



ÂNGELA MARIA SRUR GUARILHA
ADDRESS: SQS 104 Block D, apartment 204, Brasília, Federal District
PHONE: +55 (61) 98402-8979 - Email: angelaguarilha@gmail.com

FEDERATIVE REPUBLIC OF BRAZIL
MINISTRY OF INFRASTRUCTURE
NATIONAL TRAFFIC DEPARTMENT

BR

CARTEIRA NACIONAL DE HABILITAÇÃO / DRIVER LICENSE / PERMISO DE CONDUCCIÓN

VALID IN ALL NATIONAL TERRITORY

25992462239

2 and 1 NAME AND SURNAME
ANGELA MARIA SRUR GUARILHA

1st DRIVER LICENSE
09/27/1972

3 DATE, PLACE AND STATE OF BIRTH
11/24/1952 RIO DE JANEIRO/RJ



4a ISSUING DATE
03/27/2023

4b EXPIRATION DATE
01/30/2026

ACC

D

4c IDENTITY DOCUMENT / ISSUING AUTHORITY / STATE
1453748 SESP DF

4d CPF
352.832.117-20

5 REGISTRATION No.
00822978305

9 DRIVER LICENSE CLASS
B

NATIONALITY
BRAZILIAN

FILIATION
CARLOS DA FONSECA GUARILHA

GENY SRUR GUARILHA

7 HOLDER'S SIGNATURE

9	10	11	12
ACC			
A			
A1			
B		01/30/2026	
B1			
C			
C1			

9	10	11	12
D			
D1			
BE			
CE			
C1E			
DE			
D1E			

12 NOTES
A

GENERAL DIRECTOR - DF

ISSUER SIGNATURE

PLACE
BRASÍLIA-FEDERAL DISTRICT, DF

77296818047
DF772995052

DO NOT LAMINATE

25992462239

FEDERAL DISTRICT

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: July 24, 2026.

Ângela Maria Srur Guarilha Alves
SQS 104 Bloco D, apt 204, Brasília, DF
Brasília, 18 de maio de 2026

Prezado(a) Juiz(a) de imigração,

Eu, Angela Maria Srur Guarilha, brasileira, nascida em 24 de novembro de 1952 no Brasil, declaro que sou mãe de Vinicius Guarilha Alves, que é o meu segundo filho. Vinicius sempre foi muito inteligente e uma criança muito saudável, se destacando em todos os setores da sua vida. Na escola sempre teve um ótimo desempenho, assim como no esporte. Nas relações interpessoais sempre foi muito querido por todos, principalmente por sua personalidade e seu grande senso de comunidade.

Ainda jovem, ele foi estudar e trabalhar na França, e assim foi construindo sua vida profissional e sua independência econômica.
Após trabalhar em universidades em Portugal, e Romênia, em 2021 ele se mudou para os Estados Unidos, onde conheceu a minha nora Amanda Rose Coccia. Conheci a Amanda em junho de 2022, quando ela veio pela primeira vez ao Brasil e muito rapidamente vi que o Vinicius e ela tinham sido feitos um para o outro. A relação de ambos é muito harmônica, feliz e baseada em valores morais e espirituais. Eles dividem a mesma paixão por línguas e culturas e o fazem de maneira a melhor a comunidade e o lugar onde vivem.

Infelizmente, devido à distância, não pude comparecer à cerimônia de casamento deles em 2023, nem ao nascimento do meu neto na França em 2025, mas toda vez que eles vêm ao Brasil, eles ficam na minha casa em Brasília. Além disso, fazemos videochamadas toda semana para nos vermos e conversarmos. Amanda e Vinicius voltaram ao Brasil em 2024 e no final de 2025 e início de 2026 quando viajamos juntos para passar o Réveillon em Maceió, Alagoas, quando tive a alegria de conhecer o meu primeiro netinho homem: o Benjamin.

Estou convencida que ao obter o green card, o Vinicius contribuirá de maneira muito efetiva para o bem estar da sociedade americana, visto que seus valores e conduta refletem os elevados valores deste país.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença. Coloco-me à inteira disposição para contato caso sejam necessárias mais informações.

Atenciosamente,

Angela Maria Srur Guarilha

ÂNGELA MARIA SRUR GUARILHA
ENDEREÇO: SQS 104 Bloco D, apt 204, Brasília, DF
TELEFONE: +55 (61) 98402-8979 - E-mail: angelaguarilha@gmail.com

REPÚBLICA FEDERATIVA DO BRASIL
MINISTÉRIO DA INFRAESTRUTURA
SECRETARIA NACIONAL DE TRÂNSITO

BR

CARTEIRA NACIONAL DE HABILITAÇÃO / DRIVER LICENSE / PERMISO DE CONDUCCIÓN

VÁLIDA EM TODO O TERRITÓRIO NACIONAL

25992462 39

2 e 1 NOME E SOBRENOME
ANGELA MARIA SRUR GUARILHA

1ª HABILITAÇÃO
27/09/1972

3 DATA, LOCAL E UF DE NASCIMENTO
24/11/1952 RIO DE JANEIRO/RJ



4a DATA EMISSÃO
27/03/2023

4b VALIDADE
30/01/2026

ACC
[redacted]

D

4c DOC IDENTIDADE / ÓRG EMISSOR / UF
1453748 SESP DF

4d CPF
352.832.117-20

5 Nº REGISTRO
00822978305

9 CAT. HAB
B

NACIONALIDADE
BRASILEIRO

FILIAÇÃO
CARLOS DA FONSECA GUARILHA

GENY SRUR GUARILHA

7 ASSINATURA DO PORTADOR

9	10	11	12
ACC			
A			
A1			
B		30/01/2026	
B1			
C			
C1			

9	10	11	12
D			
D1			
BE			
CE			
C1E			
DE			
D1E			

12 OBSERVAÇÕES
A

ASSINATURA DO EMISSOR

77296818047
DF772995052

LOCAL
BRASILIA-DISTRITO FEDERAL, DF

DISTRITO FEDERAL

PROIBIDO PLASTIFICAR

25992462 39

Barbara Ribeiro de Oliveira Mendes
39 Rue Galilée, 44100 Nantes, France

May 12, 2026

Dear Immigration Judge,

My name is Barbara Ribeiro de Oliveira Mendes. I am Brazilian, scientist, and public servant affiliated with the National Institute of Health and Medical Research (Inserm) and Nantes University in France. I am writing this letter in support of Vinicius Guarilha Alves's Green Card application.

I met Vinicius during the two years he lived in Nantes (2023-2025), where he served as a Portuguese language lecturer at Nantes University. From the very beginning, he always proved to be an extremely responsible, kind, and principled individual, deeply dedicated to the people around him. Vinicius was highly regarded by all of his friends and colleagues within the university community.

I also closely followed his relationship as a husband to Amanda Rose Coccia. Amanda arrived in Nantes during the 2024-2025 period, after completing her master's degree in the United States, to serve as an English language lecturer at the same university. Throughout this period, we spent a great deal of time together as friends, sharing frequent lunches, dinners, and gatherings with friends and family. I was able to directly observe the loving, respectful, and solid relationship they have built together.

I also had the privilege of witnessing a very special moment in their lives: the arrival of their son, Benjamin. I was closely involved throughout Amanda's pregnancy and saw the two of them transform into extremely loving and dedicated parents. I was present at the maternity hospital after Benjamin was born, and I was invited by the couple to be his godmother, an immense honor and a true gift in my life. To be chosen to be part of this family, whom I admire so much!

I also participated in Benjamin's baptism in Nantes during Easter 2025, an occasion attended by part of Amanda's American family, including her father. Over the years, I have also witnessed visits from Vinicius's Brazilian relatives and Amanda's American relatives, which always reinforced to me the strong family bonds they have built.

I can sincerely state that Vinicius and Amanda form a genuine, loving family based on solid values of respect, mutual care, and family commitment. Their decision to settle in the United States makes perfect sense, both due to the proximity to Amanda's American family and their desire to raise Benjamin surrounded by these important family bonds.

Furthermore, Vinicius possesses a solid international professional trajectory, with prior experience in educational institutions across the United States, Latin America, and Europe. His background and career as a Portuguese language instructor demonstrate his ability to make highly qualified contributions to the teaching and dissemination of Brazilian/Portuguese language and culture within international academic contexts. In the United States, he has genuine opportunities for professional continuity and development in the field of education, especially in Portuguese language instruction, an area in which he has already demonstrated competence, dedication, and recognition.

Therefore, I express my full support for granting Vinicius Guarilha Alves his Green Card. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Sincerely,



Nantes, May 12, 2026

Barbara Ribeiro de Oliveira Mendes
Scientist and personal friend of the couple
Email: barbara.ribeiro@univ-nantes.fr
Phone: +33 0620528030

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: August 10, 2026.

Barbara Ribeiro de Oliveira Mendes
39 Rue Galilée, 44100 Nantes, França

12 de maio de 2026

Prezado(a) Juiz(a) de Imigração,

Meu nome é Barbara Ribeiro de Oliveira Mendes. Sou brasileira, cientista e funcionária pública vinculada ao Institut National de la Santé et de la Recherche Médicale (Inserm) e à Nantes Université, na França. Escrevo esta carta em apoio ao pedido de Green Card de Vinicius Guarilha Alves.

Conheci Vinicius durante os dois anos em que ele viveu em Nantes (2023-2025) atuando como leitor de português na Nantes Université. Desde o início, ele sempre demonstrou ser uma pessoa extremamente responsável, gentil, íntegra e muito dedicada às pessoas ao seu redor. Vinicius sempre foi muito querido por todos os amigos e colegas da comunidade universitária.

Também acompanhei de perto sua relação como marido com Amanda Rose Coccia. Amanda chegou à Nantes no período de 2024–2025, após concluir seu mestrado nos Estados Unidos, para atuar como leitora de inglês na mesma universidade. Ao longo desse período, convivemos muito como amigos, em almoços, jantares e encontros frequentes entre amigos e familiares. Pude observar diretamente a relação amorosa, respeitosa e sólida construída pelos dois.

Tive ainda o privilégio de acompanhar um momento muito especial da vida deles: a chegada do filho Benjamin. Vivi de perto toda a gravidez da Amanda e vi os dois se transformarem em pais extremamente amorosos e dedicados. Estive presente na maternidade após o nascimento do Benjamin, e fui convidada pelo casal para ser madrinha dele, algo que considerei uma enorme honra e um verdadeiro presente em minha vida. Ser escolhida pra fazer parte dessa familia que tanto admiro!

Também participei do batizado do Benjamin em Nantes, durante a Páscoa de 2025, ocasião em que parte da família americana da Amanda, incluindo seu pai, esteve presente. Ao longo dos anos, também presenciei visitas de familiares brasileiros do Vinicius e familiares americanos da Amanda, o que sempre reforçou para mim os fortes laços familiares construídos por eles.

Posso afirmar com sinceridade que Vinicius e Amanda formam uma família verdadeira, amorosa e baseada em valores sólidos de respeito, cuidado mútuo e compromisso familiar. A decisão de se estabelecerem nos Estados Unidos faz muito sentido, tanto pela proximidade com a família americana da Amanda quanto pela vontade de criar Benjamin cercado desses vínculos familiares importantes.

Além disso, Vinicius possui uma trajetória profissional internacional sólida, com experiência anterior em instituições de ensino nos Estados Unidos, América latina e na Europa. Sua formação e atuação como professor de língua portuguesa demonstram sua capacidade de contribuir de forma qualificada para o ensino e a difusão da língua e da cultura brasileira/portuguesa em contextos acadêmicos internacionais. Nos Estados Unidos, ele tem oportunidades reais de continuidade e desenvolvimento profissional na área da educação, especialmente no ensino da língua portuguesa, área na qual já demonstrou competência, dedicação e reconhecimento.

Dessa forma, expresso meu total apoio à concessão do Green Card para Vinicius Guarilha Alves. Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Atenciosamente,

Bárbara B. Oliveira Mendes
Nantes, 12 de maio 2026

Barbara Ribeiro de Oliveira Mendes
Cientista e amiga pessoal do casal
E-mail: barbara.ribeiro@univ-nantes.fr
Telefone: +33 0620528030

FW938531

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: FW938531

SOBRENOME / SURNAME
RIBEIRO DE OLIVEIRA MENDES



NOME / GIVEN NAMES
BÁRBARA BRUNA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
30 OUT/OCT 1986

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
BELO HORIZONTE/MG

FILIAÇÃO / FILIATION
ELOIZA CRISTINA DE OLIVEIRA

GENCIANO RIBEIRO DE OLIVEIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
11 SET/SEP 2018

AUTORIDADE / AUTHORITY
SR/DPF/MG

VÁLIDO ATÉ / DATE OF EXPIRY
10 SET/SEP 2028

P<BRARIBEIRO<DE<OLIVEIRA<MENDES<<BARBARA<BRU
FW938531<4BRA8610304F2809104<<<<<<<<<<<<<<02

Scanné avec CamScanner


FRA
TITRE DE SÉJOUR
8A3M02EJY
8A3M02EJY
NOMS Prénoms / SURNAMES Forenames
RIBEIRO DE OLIVEIRA MENDES*
Barbara Bruna
SEXE / SEX
F
NATIONALITÉ / NAT.
BRA
DATE DE NAISSANCE / BIRTH DATE
30 10 1986
CAT. DU TITRE / TYPE OF PERMIT
CARTE DE RESIDENT
VALABLE JUSQU'AU / VALID UNTIL
28 02 2034
NUMÉRO PERSONNEL / PERSONAL NUMBER
9910037535
122881
RESIDENCE PERMIT


OBSERVATIONS / REMARKS
TOUTE PROFESSION EN FRANCE METROPOLITAINE
DANS LE CADRE DE LA LEGISLATION EN VIGUEUR
DATE ET LIEU DE DÉLIVRANCE / DATE AND PLACE OF ISSUE
01 03 2024 LOIRE ATLANTIQUE
LIEU DE NAISSANCE / PLACE OF BIRTH
BELO HORIZONTE (BRA)
ADRESSE / ADDRESS
39 RUE GALILEE
44100 NANTES
IRFRA8A3M02EJY6<9910037535<<<<
8610304F3402281BRA<<<<<<<<<<<2
RIBEIRO<DE<OLIVEIRA<MENDE<<B<B

LAURENCE DA CUNHA ALVES
ADDRESS: AVENIDA AMERICANO DO BRASIL, 360 APARTMENT 502
NEIGHBORHOOD: SETOR MARISTA - CITY: GOIÂNIA - STATE: GOIÁS - COUNTRY: BRAZIL
PHONE: +55 (62) 99107-7365 - Email: laurence.alves@hotmail.com

DATE: MAY 14, 2026

Dear Immigration Judge,

My name is Laurence da Cunha Alves. I am Brazilian, retired electronic engineer, and I am 72 years old. I am writing this letter in support of Vinicius Guarilha Alves's Green Card application.

Vinicius is my second child, out of the 3 children I have. His mother, Angela Guarilha, is a Clinical Psychologist. He was born in Brasília in 1985, and all of his primary and secondary education was completed in that city, always at the finest schools. From a very young age, he revealed his aptitude for sports, music, and language studies, also showing great ease in socializing and interacting in the environments he frequented, being loved by his numerous friends and colleagues.

Vinicius also revealed an exceptional learning capacity, with his prominent achievements including an English proficiency certificate at age 15 and his admission to the University of Brasília for the Anthropology Program without taking the standard entrance exam, relying solely on his high school performance grades.

Perhaps influenced by my professional career as an engineer, as I worked on several relevant projects in Brazil and abroad (United Kingdom and Sweden), Vinicius, given his interest and fluency in other languages, pursued his undergraduate degree in Portuguese at the University of Toulouse, followed by graduate studies at the University of Lisbon, and subsequently an internship in Romania, in Cluj-Napoca. After that, Vinicius consolidated his international career, having taught at various educational institutions in Europe, United States, and South America.

Vinicius, upon being hired as an instructor by Middlebury College, met Amanda, who was born in the United States and was also an instructor at that institution, they fell in love and began dating. Their wedding took place in Long Island on May 21, 2023, where we were present (my wife Lúcia Helena and I) and had the opportunity to meet Amanda Coccia's wonderful family.



With the move of the couple Vinicius and Amanda to Nantes (France), after being hired by the University of Nantes as language instructors, both of their competencies in their chosen careers were fully established.

In February 2025, Benjamin, the son of Vinicius and Amanda, was born in Nantes. Since we live in Brazil, we traveled to Nantes in April 2025 to meet Benjamin and attend our grandson's baptism ceremony. On that occasion, we were happy to witness the couple's lifestyle in a perfect, cozy, and well-structured home.

In light of the foregoing, I believe that granting the Green Card to Vinicius will guarantee that the family can live together in the United States in an integrated and structured manner. It will provide Benjamin (who is a U.S. citizen) with the presence and security of his father, the proximity and support from Amanda's (mother) relatives, thereby strengthening family bonds. Furthermore, it will enable both Vinicius and Amanda to work, as they already hold invitations to teach at several American Universities, allowing them to contribute to the development of the American economy through their specialized work, which is recognized in international academic contexts.

Finally, but no less importantly, it is worth emphasizing that the couple's relationship is based on love, complicity, loyalty, and responsibility, as the couple considers the family to be the primary and fundamental unit of society, acting as the cornerstone for the formation of values, identity, and social cohesion. They also believe that it is within the family that an individual learns to live with others, receives education, values, affection, protection, and examples, which directly reflects on the structuring of a strong society.

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

Please feel free to contact me should any further information be required.

Sincerely,



LAURENCE DA CUNHA ALVES

ADDRESS: AVENIDA AMERICANO DO BRASIL, 360 APARTMENT 502
NEIGHBORHOOD: SETOR MARISTA - CITY: GOIÂNIA - STATE: GOIÁS - COUNTRY: BRAZIL
PHONE: +55 (62) 99107-7365 - Email: laurence.alves@hotmail.com

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: August 17, 2026.

LAURENCE DA CUNHA ALVES
ENDEREÇO: AV. AMERICANO DO BRASIL, 360 AP. 502
BAIRRO: SETOR MARISTA - CIDADE: GOIÂNIA - ESTADO: GOIÁS - PAÍS: BRASIL
TELEFONE: +55 (62) 99107-7365 - E-mail: laurence.alves@hotmail.com

DATA: 14 DE MAIO DE 2026

Prezado(a) Juiz(a) de Imigração,

Meu nome é Laurence da Cunha Alves. Sou brasileiro, engenheiro eletrônico aposentado e tenho 72 anos de idade. Escrevo esta carta em apoio ao pedido de Green Card de Vinicius Guarilha Alves.

Vinicius é o meu segundo filho, de 3 filhos que tive. Sua mãe Angela Guarilha é Psicóloga Clínica. Ele nasceu em Brasília em 1985 e toda sua escolaridade básica e do ensino médio foi realizada naquela cidade, sempre nos melhores colégios. Desde muito jovem, revelou sua aptidão para o esporte, música e o estudo de línguas, apresentando também muita facilidade de socialização e interação nos ambientes que frequentava, sendo querido pelos inúmeros amigos e colegas.

Vinicius revelou também uma capacidade de aprendizado diferenciada, destacando-se, entre os inúmeros feitos, o título de proficiência na língua inglesa aos 15 nos e sua entrada na Universidade de Brasília, para o Curso de Antropologia, sem prestar vestibular, contando apenas com as notas do seu desempenho no ensino médio.

Talvez influenciado pela minha carreira profissional como engenheiro, pois trabalhei em diversos projetos relevantes no Brasil e no exterior (Reino Unido e Suécia), Vinicius, tendo em vista seu interesse e facilidade em outros idiomas, empreendeu sua graduação em língua portuguesa na Universidade de Toulouse, posteriormente a pós-graduação na Universidade de Lisboa e na sequência um estágio na Romênia, em Cluj-Napoca. Depois disso, Vinicius consolidou sua carreira internacional, tendo lecionado em diversas instituições de ensino na Europa, Estados Unidos e América do Sul.

Vinicius, ao ser contratado como professor pela Universidade de Middlebury, conheceu Amanda, nascida nos Estados Unidos e também professora naquela instituição se apaixonaram e começaram a namorar. O casamento foi em Long Island dia 21 de maio de 2023, quando estivemos presentes (minha esposa Lúcia Helena e eu) e tivemos a oportunidade de conhecer a maravilhosa família de Amanda Coccia.

Com a mudança do casal Vinicius e Amanda para Nantes (França), contratados pela Universidade de Nantes como professores de línguas, fica constatada a competência de ambos na carreira que abraçaram.

Em fevereiro de 2025 nasce Benjamin, filho de Vinicius e Amanda em Nantes. Como moramos no Brasil, viajamos para Nantes, em abril de 2025, afim de conhecer Benjamin e participar da cerimônia de batismo do nosso neto. Na ocasião pudemos verificar, com alegria, o estilo de vida do casal, em uma lar perfeito, aconchegante e estruturado.

Face ao exposto, informo que, na minha opinião, a concessão do Green Card ao Vinicius será a garantia da família viver junta nos Estados Unidos, de forma integrada e estruturada, com a presença e a segurança do pai para o Benjamin (que é cidadão americano), a proximidade e apoio dos parentes da Amanda (mãe), estreitando os laços familiares, além da possibilidade de trabalho para o Vinicius a Amanda, uma vez que eles já tem convites para lecionar em diversas Universidades americanas, e desta forma contribuir, com seu trabalho especializado, reconhecido em contextos acadêmicos internacionais, para o desenvolvimento da economia americana.

Por fim, mas não menos importante, cumpre ressaltar que o relacionamento do casal é baseado no amor, na cumplicidade, lealdade e responsabilidade, sendo que o casal considera a família como a célula primeira e fundamental da sociedade, atuando como o núcleo basilar para a formação de valores, identidade e coesão social. O casal acredita também que é na família que o indivíduo aprende a conviver, recebe educação, valores, afeto, proteção e exemplos, refletindo diretamente na estruturação de uma sociedade forte.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento, crença e vivência.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

gov.br Documento assinado digitalmente
LAURENCE DA CUNHA ALVES
Data: 11/08/2026 12:23:08-0300
Verifique em https://validar.iti.gov.br

LAURENCE DA CUNHA ALVES
ENDEREÇO: AV. AMERICANO DO BRASIL, 360 AP. 502
BAIRRO: SETOR MARISTA - CIDADE: GOIÂNIA - ESTADO: GOIÁS - PAÍS: BRASIL
TELEFONE: +55 (62) 99107-7365 - E-mail: laurence.alves@hotmail.com

Renata Barbosa Fontes
Ville de Montagne Condominium, Block 8, House 27, Jardim Botânico, Federal District, Brazil
Brasília, May 6, 2026.

Dear Immigration Judge,

My name is Renata Barbosa Fontes, Brazilian, attorney, and retired Deputy Attorney General of the Federal District, residing and domiciled at Ville de Montagne Condominium, Block 8, house 27, Jardim Botânico-Federal District, Brazil, Identity Card number 8203 OAB-DF (Brazilian Bar Association-Federal District), CPF 267.355.201.49.

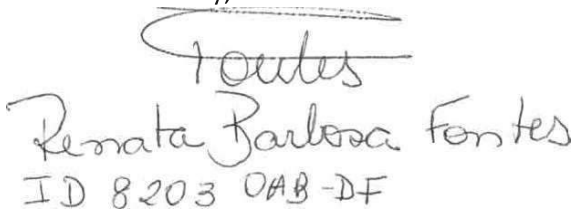
I declare that I have known Vinicius Guarilha Alves for more than 15 (fifteen) years, and we have maintained a close relationship since then. I met him through his mother, Angela Guarilha, a great friend of mine, and he was my instructor in a virtual French course for almost two years, as well as in a course on religions during the COVID-19 pandemic. Vinícius has always shown himself to be a warm and caring person, attentive in the development of his courses, and I hold the fondest memories of the period when we interacted more closely.

I further declare that I closely follow the lives of the couple Vinícius and Amanda Rose Coccia, whose marriage took place in April 2022, and the birth of the couple's son, Benjamin Coccia Guarilha, in February 2025, in Nantes, France. The couple maintains a stable and harmonious relationship together with their son Benjamin.

Finally, I declare that Vinícius is a person of excellent character, extremely trustworthy, hardworking, and honest.

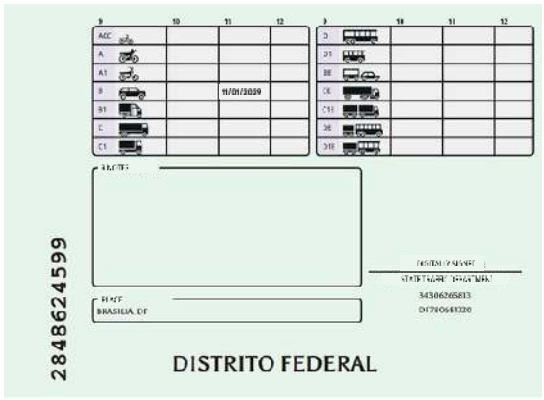
I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief. I remain entirely at your disposal should any further information be required.

Sincerely,



Email: renata@advocaciafontes.com.br
Mobile Phone: 55 61 98496-7777







QR-CODE

Document digitally signed in accordance with Provisional Measure No. 2200-2/2001. Its validity can be verified using the Serpro Signer program.

Instructions for installing the Serpro Signer and validating the digital document are available at:
https://www.serpro.gov.br/assinador-digital.

SERPRO / SENATRAN

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: August 10, 2026.

Renata Barbosa Fontes
Condomínio Ville de Montagne, Quadra 8, Casa 27, Jardim Botânico, Distrito Federal, Brasil
Brasília, 6 de maio de 2026.

Prezado(a) Juiz(a) de imigração,

Eu me chamo Renata Barbosa Fontes, brasileira, advogada e Subprocuradora-Geral do Distrito Federal aposentada, residente e domiciliada no Condomínio Ville de Montagne, Quadra 8, casa 27, Jardim Botânico-DF, Brasil, identidade número 8203 OAB-DF, CPF 267.355.201.49.

Declaro conhecer Vinicius Guarilha Alves há mais de 15 (quinze) anos com quem mantenho convivência desde então. Eu o conheci por intermédio de sua mãe, Angela Guarilha, grande amiga, e ele foi meu professor no curso virtual de francês por quase dois anos e no curso sobre religiões no período da covid. Vinícius sempre se apresentou como uma pessoa carinhosa, atenciosa na elaboração dos cursos e guardo as melhores lembranças do período em que convivemos mais próximos.

Declaro, ainda, que acompanho a vida do casal Vinícius e Amanda, tendo ocorrido o casamento com Amanda Rose Coccia, em abril de 2022, e o nascimento do filho do casal Benjamin Coccia Guarilha, em fevereiro de 2025, em Nantes, França. O casal mantém relacionamento estável e harmonioso junto ao filho Benjamin.

Declaro, por fim, que Vinícius é pessoa da excelente índole, extremamente confiável, trabalhador e honesto.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença. Coloco-me à inteira disposição para contato caso sejam necessárias mais informações.

Atenciosamente,

Fontes
Renata Barbosa Fontes
ID 8203 OAB-DF

Email:renata@advocaciafontes.com.br
Celular: 55 61 98496-7777


REPÚBLICA FEDERATIVA DO BRASIL
MINISTÉRIO DOS TRANSPORTES
SECRETARIA NACIONAL DE TRÂNSITO

CARTEIRA NACIONAL DE HABILITAÇÃO / DRIVER LICENSE / PERMISO DE CONDUCCIÓN

VÁLIDA EM TODO O TERRITÓRIO NACIONAL

2848624599

2 e 1 NOME E SOBRENOME: RENATA BARBOSA FONTES

1ª HABILITAÇÃO: 14/04/1983

3 DATA, LOCAL E UF DE NASCIMENTO: 27/11/1964, RIO DE JANEIRO, RJ

4a DATA EMISSÃO: 02/11/2024

4b VALIDADE: 01/11/2029

ACC:

D

4c DOC IDENTIDADE / ÓRG EMISSOR / UF: 8203 OAB DF

4d CPF: 267.355.201-49

5 Nº REGISTRO: 03445696322

9 CAT HAB: B

NACIONALIDADE: BRASILEIRO(A)

FILIAÇÃO: PAULO DUARTE FONTES

MARLY BARBOSA FONTES

7 ASSINATURA DO PORTADOR


2848624599

	9	10	11	12
ACC				
A				
A1				
B			01/11/2029	
B1				
C				
C1				

	9	10	11	12
D				
D1				
BE				
CE				
C1E				
DE				
D1E				

12 OBSERVAÇÕES

ASSINADO DIGITALMENTE
DEPARTAMENTO ESTADUAL DE TRÂNSITO
34306265813
DF780681720

LOCAL: BRASILIA, DF

DISTRITO FEDERAL


2 e 1. Nome e Sobrenome / Name and Surname / Nombre y Apellidos – Primeira Habilitação / First Driver License / Primera Licencia de Conducir – 3. Data e Local de Nascimento / Date and Place of Birth DD/MM/YYYY / Fecha y Lugar de Nacimiento – 4a. Data de Emissão / Issuing Date DD/MM/YYYY / Fecha de Emisión – 4b. Data de Validade / Expiration Date DD/MM/YYYY / Valido Hasta – ACC – 4c. Documento Identidade - Órgão emissor / Identity Document - Issuing Authority / Documento de Identificación – Autoridad Expedidora – 4d. CPF – 5. Número de registro da CNH / Driver License Number / Número de Permiso de Conducir – 9. Categoria de Veículos da Carteira de Habilitação / Driver license Class / Categoría de Permisos de Conducir – Nacionalidade / Nationality / Nacionalidad – Filiação / Filiation / Filiación – 12. Observações / Observations / Observaciones - Local / Place / Lugar

I<BRA034456963<226<<<<<<<<<<<<
6411275F2911010BRA<<<<<<<<<<<4
RENATA<<BARBOSA<FONTES<<<<<<<<

QR-CODE

Documento assinado com certificado digital em conformidade com a Medida Provisória nº 2200-2/2001. Sua validade poderá ser confirmada por meio do programa Assinador Serpro.

As orientações para instalar o Assinador Serpro e realizar a validação do documento digital estão disponíveis em: https://www.serpro.gov.br/assinador-digital.

SERPRO / SENATRAN

Exhibit 9 - Evidence of Bona Fide Marriage: Photografic Evidence of Relationship

The beginning of our relationship: October-December 2021



Hiking in Vermont

Our first picture together as a couple in the greenhouse at Middlebury College





Cross-country skiing around the Middlebury Golf Course

Our first Christmas together: December 2021



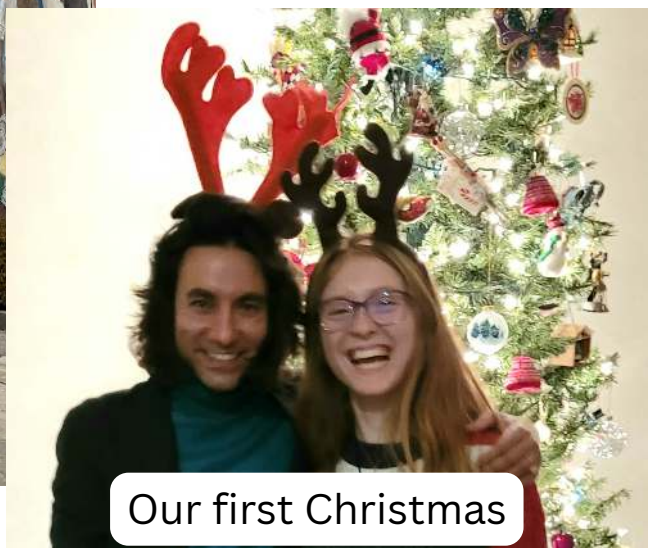
Christmas dinner at Amanda’s mom’s house



Christmas dinner at Amanda's dad’s house



Amanda showing Vinicius where she grew up in Patchogue, New York

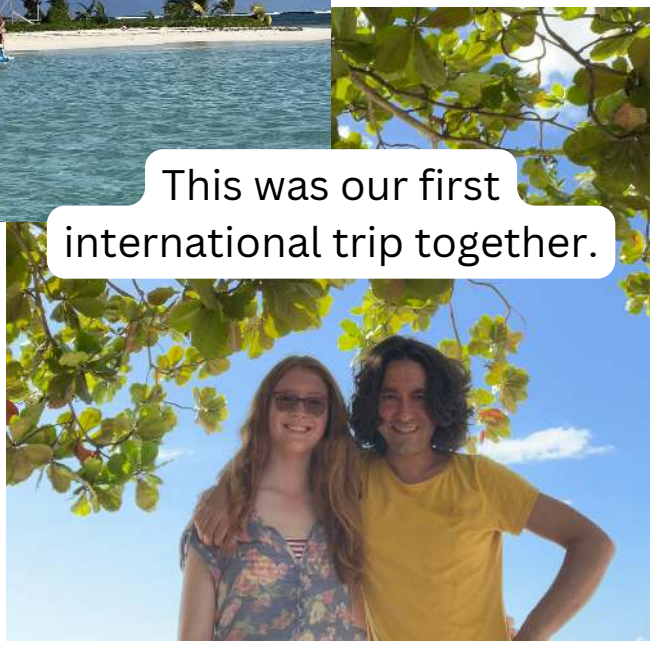


Our first Christmas

Getting engaged in Guadeloupe (France): January 2022







Traveling around the USA: February & March 2022







Our wedding rings



We got married in a gazebo right behind the church in downtown Middlebury.



When we got legally married on April 22, 2022 in Middlebury, Vermont



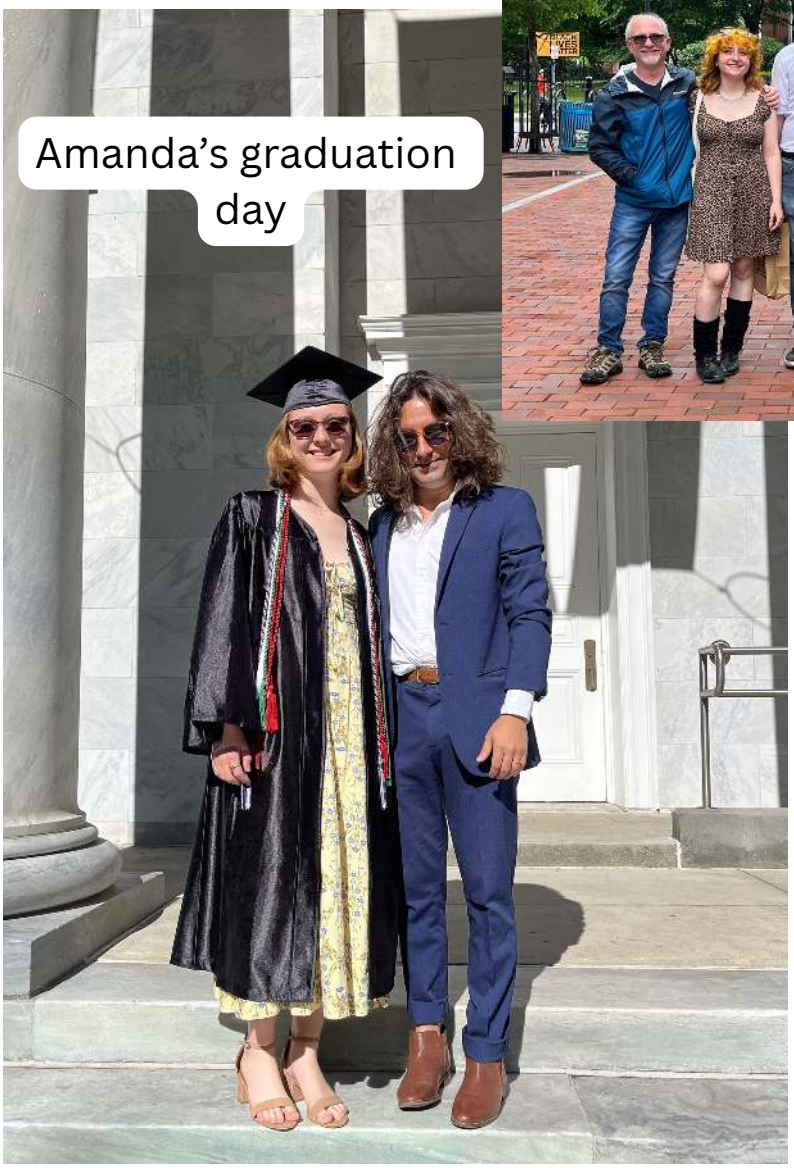
We went on a local honeymoon weekend to the capital of Vermont, Montpellier

Getting married: April 2022

Amanda’s Middlebury graduation: May 2022



Vinicius traveling with Amanda’s whole family to Burlington, Vermont.



Amanda’s graduation day

We organized a gender reveal the same weekend for Amanda’s older sister’s first son



Our first trip to Brazil together: June & July 2022



Vinicius showing Amanda his hometown of Brasilia.



Dinner with Vinicius' sisters, their partners, his mother and stepdad



Amanda meeting Vinicius' father and stepmom



Amanda meeting Vinicius' mother for the first time

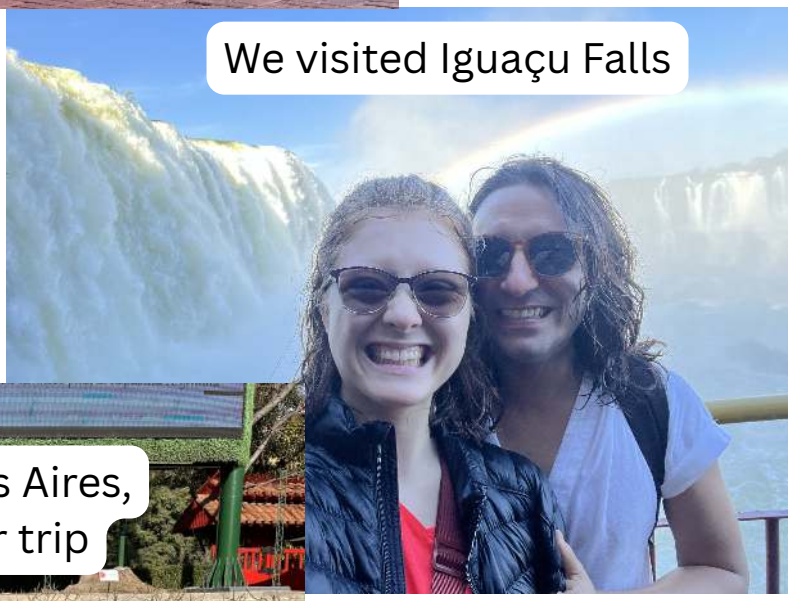


Amanda meeting Vinicius' Aunt Mary and Cousin Philipe

Our first trip to Brazil together: June & July 2022 (continued)



We also traveled around Brazil for tourism as it was Amanda's first time in Brazil



We visited Iguaçu Falls



We also visited Buenos Aires, Argentina during our trip

Moving to Boston & starting to work/study together: August 2022



Our first day of school 2022



Visiting Boston College where we would start our MA program together



Visiting Salem, MA with our Teaching Fellow colleagues



Seeing the Boston Red Sox



Celebrating our October 22nd anniversary of when we started our relationship

Thanksgiving & Christmas 2022



Thanksgiving 2022 with Amanda's family



Christmas 2022 with Amanda's family

Early 2023 adventures



Celebrating one year of marriage in Boston



Visiting Chicago

Our wedding ceremony with family & friends: May 2023



With Rev. Tammy Torelli who officiated our wedding ceremony



Cutting our wedding cake



“You may kiss the bride”



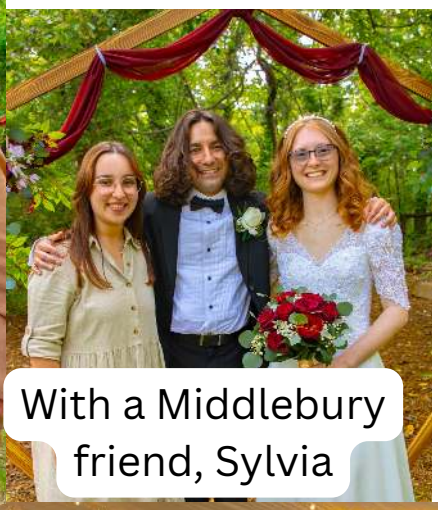
With all of Amanda’s family



Our wedding ceremony with family & friends: May 2023 (continued)



With Amanda's parents and Vinicius' father & stepmother



With a Middlebury friend, Sylvia



With another Middlebury friend, Sofia Leathers

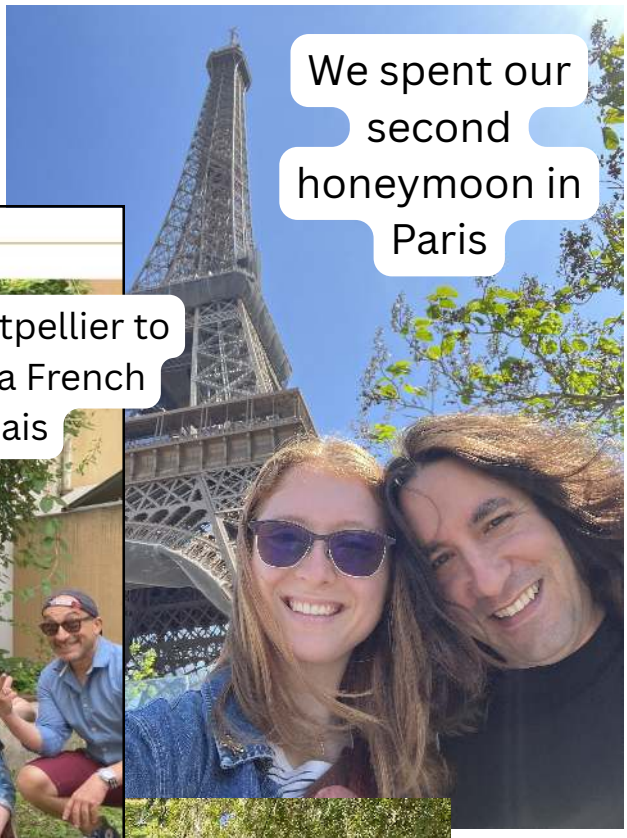


We had about 50 guests in total for an intimate celebration



The day before our wedding, we had dinner with all of Amanda's family including her grandparents, Vini's dad and stepmom and Rev. Tammy

Summer 2023 in Europe

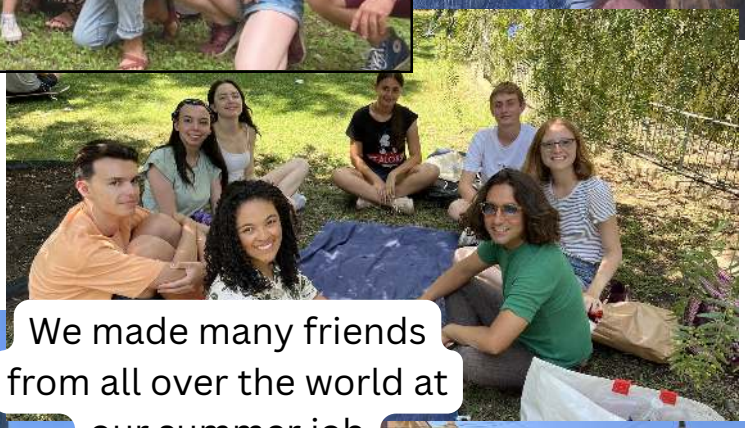


We spent our second honeymoon in Paris



After two weeks of travel, we went to Montpellier to work together as cultural “animators” at a French language schol called Accent Français





We made many friends from all over the world at our summer job



We traveled around the borders of France, Germany and Switzerland by bike with some friends that live in Strasbourg, France



After we finished work, we traveled to Italy with Amanda’s dad and sister Christina

September 2023-May 2024: Time together and apart



We spent mid-December ‘23- mid-January ‘24 together in Nantes, France



We made pancakes for our friend Barbara Ribeiro and her family in Nantes



We celebrated Christmas with friends in Nantes



After New Years 2024 in Nantes, we traveled to Portugal together

In March 2024, we met up again to go to Cape Verde together





We made some friends during our trip to Cape Verde



Even though we spent time apart, we video called every day

We permanently reunited in Boston in May 2024



Vini watched Amanda's Boston College graduation ceremony with her family



As soon as Vini got to Boston, we went directly to eat pancakes at a diner



We were happy to celebrate with one of our favorite teachers from the program, Prof. Javel

June 2024: Visiting family in Brazil again



We celebrated Vinicius' birthday with his Mom, stepdad, sisters and their partners



Amanda's sister Brianna and her partner visited us in Brazil

June-August 2024: Middlebury Portuguese Language School, Vermont



In the summer of 2024, we worked together again for Middlebury College. We hope to return to this summer school once moving back to the US



We really enjoy working together



Vinicius put on a play that Amanda acted in at the school



We love to cook and ran a cooking club together

Summer 2024: Finding out we were pregnant



Between coming back from Brazil and starting work at Middlebury, we found out we were pregnant! We did our first pregnancy scans in Vermont



After Middlebury, we took pregnancy announcement pictures at Amanda's Mom's house



We set up a gender reveal party with Amanda's family with the gender hidden in a cupcake

In August 2024, we traveled with Amanda's dad and sister Christina again to Pennsylvania



Moving to Nantes: September-December 2024



To celebrate our move to Nantes, we hosted a pancake brunch for our friends



We took our last trip before Ben was born to Scotland



We celebrated Amanda's birthday 2024 at home with friends



We hosted various dinners with Amanda's colleagues from the English department including Thanksgiving 2024



We celebrated Christmas 2024 while babysitting our friend Barbara's dog



We celebrated New Years 2025 with friends

2025: Becoming a family of three

On February 13, 2025, our son Benjamin was born in Nantes



In March, we traveled to Paris to register Benjamin's birth at the US Embassy in Paris







At the end of March, Amanda's mom and sister Jessica visited us in Nantes



On Easter Sunday, we baptized Ben with Barbara as his godmother and Amanda's dad as his godfather



In April, Vini's dad and stepmom as well as Amanda's sister Brianna and her partner visited us



We had many friends come to celebrate Ben's baptism

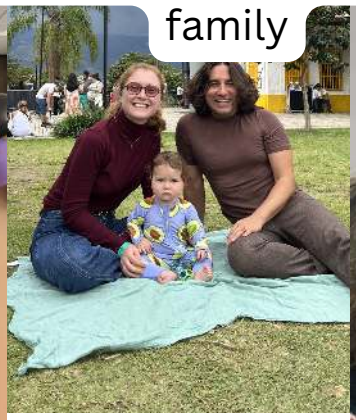
August-December 2025: Moving to Bogotá, Colombia



In late August, 2025 we moved to Colombia as a family



We celebrated our first Halloween together with Benjamin





We prepared for our first Christmas together with Benjamin

In November 2025, we hosted Thanksgiving at our home with friends we had quickly made in Colombia



December 2025-January 2026: Christmas and New Years in Brazil



We spent mid-December 2025 to mid-January 2026 in Brazil for Ben to meet his Brazilian family during the holidays



Ben visited Vini's hometown of Brasilia for the first time



We celebrated Christmas at a resort with Vini's dad, stepmom and her family





After the New Year, we traveled with Vini's mom, stepdad and his family

We celebrated New Years with Vini's mom



2026 So Far



We celebrated Benjamin's first birthday with many friends and their families in Bogotá





A Colombian friend from Nantes celebrated with us



We love traveling with our son



We took Ben to his first amusement park with our friend Diana and her husband



We celebrated four years of marriage on April 22, 2026

Hobbies we've enjoyed together throughout the years:



We attended various music concerts in Boston



We organized the first Francophone Film Festival at Boston College together



We enjoy organizing cultural events for our students, like this scavenger hunt at the Harvard Arts Museum



In Bogotá, we have created a very small family business selling American and Brazilian desserts to friends and family



We practice Kriya Yoga and have participated in local meditation groups and retreats in Massachusetts, Chicago, Austria and Bogotá

Exhibit 10 - Benjamin Leo Coccia Guarilha's Identification Documents (Amanda Rose Coccia and Vinicius Guarilha Alves' Child)

UNITED STATES OF AMERICA

DEPARTMENT OF STATE

1223979

Consular Report of Birth Abroad

OF A CITIZEN OF THE UNITED STATES OF AMERICA

This is to certify that:

BENJAMIN LEO COCCIA GUARILHA

Sex MALE, born at NANTES, FRANCE

On FEBRUARY 13, 2025

Acquired United States CITIZENSHIP at birth as established by documentary evidence

Presented to the Consular Service of the United States at

PARIS, FRANCE

On MARCH 13, 2025

MOTHER/FATHER/PARENTS

AMANDA ROSE COCCIA

Date of Birth: DECEMBER 30, 1999

VINICIUS GUARILHA ALVES

Date of Birth: JUNE 04, 1985

Secretary of State

Date of Issuance: MARCH 13, 2025

* 01-29336-82*

159-8501601

USA

VILLE DE Nantes

FULL COPY — BIRTH RECORD
Benjamin, Leo COCCIA GUARILHA

French Republic

No. N2 / 386 / 2025

BIRTH RECORD — No. 386
Benjamin, Leo ~~COCCIA GUARILHA ALVES~~ COCCIA GUARILHA

CHILD: Surname	**COCCIA GUARILHA ALVES (First part: COCCIA – Second part: GUARILHA ALVES)** pursuant to the joint declaration dated February 17, 2025
Name:	**Benjamin, Leo**
Sex:	Male
Date of Birth:	February thirteen, two thousand twenty-five
At:	7:29 p.m.
In:	NANTES (Loire-Atlantique), 2–4 Route de Paris

FATHER: Surname	**GUARILHA ALVES**
Name:	**Vinicius**
Date of Birth:	June 4, 1985
In:	Brasília, Brazil
Occupation:	Portuguese teacher
Residence:	NANTES (Loire-Atlantique), 12 rue d'Alger, Building 101

MOTHER: Surname	**COCCIA**
Name:	**Amanda, Rose**
Date of Birth:	December 30, 1999
In:	New York, United States
Occupation:	English teacher
Residence:	NANTES (Loire-Atlantique), 12 rue d'Alger, Building 101

EVENTS RELATING TO PARENTAGE (prior to the establishment of this record)
Marriage of the father and mother on April 22, 2022, in Middlebury (UNITED STATES).

DECLARATION
Declaring parents: the parents
Date and time of the record: February 17, 2025, at 10:27 a.m.
After the record was read aloud and the parties were invited to read it, we, Emmanuelle MAHDJOUBA, Administrative Deputy, Civil Registrar by delegation of the Mayor, signed it together with the declarants.

Marginal annotations:
The person concerned is named COCCIA GUARILHA
Decision of the Civil Registrar of Nantes, Loire-Atlantique, No. 1/1738, dated August 25, 2025.
On August 25, 2025, the Deputy Civil Registrar.

Certified true copy
Issued in Nantes,
on August 26, 2025
The Deputy Civil Registrar

[Stamp:
City of Nantes
Administrative
Services
Civil Registry]

Stéphanie AUBIN

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: June 24, 2026.

VILLE DE Nantes

COPIE INTEGRALE - ACTE DE NAISSANCE
Benjamin, Leo COCCIA GUARILHA

RÉPUBLIQUE FRANÇAISE

N° N2 / 386 / 2025

ACTE DE NAISSANCE - N°386
Benjamin, Leo ~~COCCIA GUARILHA ALVES~~ COCCIA GUARILHA

ENFANT : Nom	**COCCIA GUARILHA ALVES (1ère partie : COCCIA 2nde partie : GUARILHA ALVES)** suivant la déclaration conjointe du 17 février 2025
Prénoms :	**Benjamin, Leo**
Sexe :	masculin
Né le :	treize février deux mille vingt cinq
À :	dix neuf heures vingt neuf minutes
À :	NANTES (Loire-Atlantique), 2-4 Route de Paris
PÈRE : Nom	**GUARILHA ALVES**
Prénom :	**Vinicius**
Né le :	4 juin 1985
À :	Brasilia (BRESIL)
Profession :	professeur de portuguais
Domicile :	Nantes (Loire-Atlantique), 12 rue d'Alger, bâtiment 101
MÈRE : Nom	**COCCIA**
Prénoms :	**Amanda, Rose**
Née le :	30 décembre 1999
À :	New York (ETATS-UNIS)
Profession :	professeure d'anglais
Domicile :	Nantes (Loire-Atlantique), 12 rue d'Alger, bâtiment 101

ÉVÉNEMENTS RELATIFS À LA FILIATION (antérieurs à l'établissement du présent acte)
Mariage des père et mère le 22 avril 2022 à Middlebury (ETATS-UNIS).

DÉCLARATION
Parents déclarants : les parents
Date et heure de l'acte : 17 février 2025 à 10 heures 27 minutes
Après lecture et invitation à lire l'acte, Nous, Emmanuelle MAHDJOUBA, adjoint administratif, Officier de l'Etat-Civil par délégation du Maire, avons signé avec les déclarants.

Mentions marginales :
L'intéressé se nomme COCCIA GUARILHA.
Décision de l'officier de l'état civil de Nantes (Loire-Atlantique) n° 1/1738 du 25 août 2025.
Le 25 août 2025, l'officier d'état civil délégué.

Pour copie conforme
Fait à NANTES,
le 26 août 2025
L'Officier d'État-Civil délégué

Ville de Nantes Prestations Administratives Etat-Civil

Stéphanie AUBIN

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Judiciary - State of Goiás
Electronic Inspection Seal
00062510210134029970033
Check this seal at
https://see.tjgo.jus.br/buscas

FULL CERTIFIED COPY OF BIRTH CERTIFICATE

Name

** BENJAMIN LEO COCCIA GUARILHA ALVES **

Registration: **024729 01 55 2025 7 00197 136 0043027 61**

CPF No.: 124.964.441-09

Description I **HEREBY CERTIFY** that, upon reviewing the REGISTRATION OF EMANCIPATION, INTERDICTION, ABSENCE, AND BIRTH RECORD books maintained at this Registry Office, at the request of the interested party, I found the following record: under number forty-three thousand twenty-seven, page one hundred thirty-six and book E-one hundred ninety-seven. On the thirty-first day of the month of October of the year two thousand twenty-five (10/31/2025), in the City and Judicial District of Goiânia, State of Goiás, I was presented with a Foreign Birth Registration, which, having complied with the legal formalities, was issued by Vice Consul Yaracy de Noronha de Campos of the Consulate General of Brazil in Paris - France -, which reads as follows: BIRTH REGISTRATION CERTIFICATE. I HEREBY CERTIFY that, on page 189 of book No. 44 of the Civil Registry of Births, Marriages, and Deaths of this Office, under No. 12110, the birth of **BENJAMIN LEO COCCIA GUARILHA ALVES** was drawn up, male, born on the thirteenth of February, two thousand twenty-five (02/13/2025), at seven twenty-nine p.m. (7:29 p.m.), at "Clinique Jules Vernes," route de Paris, 2/4, Nantes, France, son of **VINICIUS GUARILHA ALVES**, Brazilian, born in Brasília, Federal District, Brazil, and **AMANDA ROSE COCCIA**, American, born in New York, United States of America. The paternal grandparents are Laurence da Cunha Alves and Angela Maria Guarilha Alves, and the maternal grandparents are Michael Anthony Coccia and Tracey Elaine Freeman. The registration was drawn up on 03/13/2025, and the declarant was VINICIUS GUARILHA ALVES. Note: Registered with the CPF under No. 124.964.441-09. Legal Basis: Registration made pursuant to articles 32, caput, and 50, §5, of Law No. 6.015/73. Brazilian citizen by birth (article 12, I, of the Federal Constitution, as amended by Constitutional Amendment No. 54 of 2007). I draw up, checked, read, and concluded this record. I certify and sign it. The declarant was: VINICIUS GUARILHA ALVES, herein represented by his duly appointed attorney-in-fact, LAURENCE DA CUNHA ALVES, pursuant to a private power of attorney bearing a digital signature, of 10/27/2025. Brazilian citizen by birth, in accordance with the provisions of article 12, paragraph I, item "c", in limine, and article 95 of the ADCT (*Temporary Constitutional Provisions Act*) of the Federal Constitution. Registration drawn up in accordance with Resolution No. 155 of the National Council of Justice. Note: Registered with the CPF under No. 124.964.441-09. Nothing further to certify. I draw up this record, which is signed by me. This is the full content record in the aforementioned book, which this certificate has been faithfully and accurately issued from the original, to which I refer and certify. *.*.*.*

NATIONAL COUNCIL OF JUSTICE

BRAZIL

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. País: (Country / Pays):	FEDERATIVE REPUBLIC OF BRAZIL
Este documento público (This public document / Le présent acte public)	
2. Foi assinado por: (Has been signed by / A été signé par)	FRANCILLYA LOPES DE SOUZA DOS SANTOS
3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de)	CLERK
4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de)	1. CIVIL REGISTRY OFFICE AND NOTARY PUBLIC OFFICE – SILVA REGISTRY OFFICE – GOIÂNIA/GOIÁS
Certificado (Certified / Attesté)	
5. Em: (At / À): GOIÂNIA	6. No dia: (The / Le): 10/31/2025
7. Por: (By / Par): RAPHAELLA NUNES FELIX	
8. Nº: (Nº / Sous nº): 2262875-25	
9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre)	10. Firma: (Signature) Assinatura Eletrônica / Electronic Signature / Signature Électronique

BRASIL APOSTILA APOSTILLE – CONVENÇÃO DE HAIA DE 1961 – CONVENTION DE LA HAYE DE 1961 – CNJ

Tipo de Documento: (Type of document / Type d'acte) FULL CERTIFIED COPY OF BIRTH CERTIFICATE

Nome do titular: (Name of holder of document / Nom du titulaire) BENJAMIN LEO COCCIA GUARILHA ALVES

Esta Apostila certifica apenas a assinatura, a capacidade do signatário e, quando apropriado, o selo ou carimbo constantes no documento público. Ela não certifica o conteúdo do documento para o qual foi emitida.

This Apostille certifies only the signature, the capacity of the person signing it and where appropriate, the seal or stamp which the public document bears. It does not certify the content of the document for which it was issued.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi, et, le cs échéant, les sceau ou le timbre dont cet acte public est revêtu. Elle ne certifie pas le contenu de l'acte pour lequel elle a été émise.

A autenticidade desta Apostila e de sua assinatura eletrônica bem como o documento público subjacente, podem ser verificadas em:

The authenticity of this Apostille and its electronic signature, along with the underlying public document, may be verified at:

L'authenticité de cette Apostille, dela signature électronique, ainsi que de l'acte public sous-jacent peut être vérifiée sur:

https://apostil.org.br

A presente Apostila foi firmada com assinatura eletrônica, conforme a Lei nº 11.419/2006.

This Apostille was electronically signed in accordance with Law nº 11.419/2006.

Cette Apostille a été signée par une signature électronique, d'après la Loi nº 11.419/2006.

Dúvidas a respeito desta Apostila entrar em contato com a Ouvidoria do CNJ:

Any questions about this Apostille may be directed to the Ombudsman of the CNJ:

Vouillez contacter l'Ombudsman de la CNJ pour toute question relative à cette Apostille:

(61) 3772-7800

servicos@cnbcf.org.br

Por favor, utilize este QR Code para checar a autenticidade desta Apostila e de sua assinatura eletrônica. Uma cópia do documento público subjacente também está disponível na mesma página.

Please use this QR Code to check the authenticity of this Apostille and its electronic signature. A copy of the underlying public document is also accessible from the same page.

Veuillez utiliser ce Code QR pour vérifier l'authenticité de cette Apostille et de sa signature électronique. Une copie de l'acte public sousjacent est également disponible sur la même page.

Código (Code / Code)
2262875-25
CRC
93DE6324

Apostil

BR 024729 012404452

Federative Republic of Brazil – State of Goiás
1st Civil Registry of Natural Persons, Interdictions and Guardianships, Notary Office, and Permanent Contracts Registry Office of the Municipality of Goiânia
Silva Registry Office

APOSTILLE

This was carried out under the terms of Resolution No. 228 of 06/22/2016, of the National Council of Justice. Inspection seal No. 00062510215001230070. This seal must be verified at: https://extrajudicial.tjgo.jus.br. The above is true and I certify.

Goiânia, October 31, 2025.

Raphaella Nunes Felix
Clerk

FSC
www.fsc.org
MIX
Paper | Supporting responsible forest management
FSC® C015699

DETAILED INFORMATION OF THE REGISTRATION

REGISTRATION STANDARD

DETAILING

NATIONAL REGISTRY OFFICE CODE (UNIQUE IDENTIFICATION OF THE NOTARY OFFICE)

ARCHIVE CODE, BEING:
01 – OWN ARCHIVE
OTHER – INCORPORATED ARCHIVES

TYPE OF SERVICE PROVIDED, BEING:
51: NOTARY SERVICE
52: TITLE PROTEST SERVICE
53: REAL ESTATE REGISTRATION SERVICE
54: TITLE AND DOCUMENT REGISTRATION SERVICE AND CIVIL REGISTRATION OF LEGAL ENTITIES
55: CIVIL REGISTRATION SERVICE OF NATURAL PERSONS
56: MARITIME CONTRACT REGISTRATION SERVICE
57: DISTRIBUTION REGISTRY

YEAR OF REGISTRATION

TYPE OF BOOK, BEING:
1: BOOK A (BIRTH)
2: BOOK B (MARRIAGE)
3: BOOK B (RELIGIOUS MARRIAGE REGISTRATION FOR CIVIL PURPOSES)
4: BOOK C (DEATH)
5: AUXILIARY BOOK C (STILLBIRTH REGISTRATION)
6: BOOK D (PUBLICATION OF BANNS REGISTRATION)
7: BOOK E (OTHER ACTS RELATED TO CIVIL REGISTRATION)

BOOK NUMBER

PAGE NUMBER

ENTRY NUMBER

CHECK DIGIT

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: July 23, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
00062510210134029970033
consulte esse selo em
https://see.tjgo.jus.br/buscas

TRASLADO DE NASCIMENTO
INTEIRO TEOR

Nome

**** BENJAMIN LEO COCCIA GUARILHA ALVES ****

Matrícula: **024729 01 55 2025 7 00197 136 0043027 61**

CPF nº: 124.964.441-09

Descrição **CERTIFICO** que revendo os livros de ASSENTO DE EMANCIPAÇÃO, INTERDIÇÃO E AUSÊNCIA E TRASLADO deste Serviço Registral, a pedido da pessoa interessada neles encontrei um termo, de teor seguinte: sob o número quarenta e três mil e vinte e sete, folha cento e trinta e seis e livro E-cento e noventa e sete, Aos trinta e um dias do mês de outubro do ano de dois mil e vinte e cinco (31/10/2025), neste Município e Comarca de Goiânia, Estado de Goiás, me foi apresentado um Registro de Nascimento Estrangeiro, o qual, cumprindo as formalidades legais, foi expedido pela Vicê-Cônsul Yaracy de Noronha de Campos do Consulado-Geral do Brasil em Paris - França -, com o teor seguinte: CERTIDÃO DE REGISTRO DE NASCIMENTO. CERTIFICO que, à(s) fl(s). 189, do livro nº 44 de Atos do Registro Civil de Nascimentos, Casamentos e Obitos desta Repartição, sob o n° 12110, foi lavrado o registro do nascimento de **BENJAMIN LEO COCCIA GUARILHA ALVES**, do sexo masculino, nascido(a) no dia treze de fevereiro de dois mil e vinte e cinco (13/02/2025) à (s) dezenove horas e vinte e nove minutos (19:29), no(a) "Clinique Jules Vernes" route de Paris, 2/4, Nantes, França, filho(a) de **VINICIUS GUARILHA ALVES**, brasileiro, natural de(o)(a) Brasília, Distrito Federal, Brasil e de **AMANDA ROSE COCCIA**, americana, natural de(o)(a) Nova York, Estados Unidos da América. São avós paternos Laurence da Cunha Alves e Angela Maria Guarilha Alves e avós maternos Michael Anthony Coccia e Tracey Elaine Freeman. O assento foi lavrado em 13/03/2025, tendo sido declarante VINICIUS GUARILHA ALVES. Observação: Inscrito no Cadastro de Pessoa Física (CPF) sob o número 124.964.441-09. Dispositivo Legal: Registro efetuado com base nos arts. 32, caput, e 50, § 5°, da Lei 6.015/73. Brasileiro nato (art.12, I, "", da Constituição Federal; redação dada pela EC n°54 de 2007). Lavrei, conferi, li e encerro o presente ato. Dou fé e assino. Foi requerente: VINICIUS GUARILHA ALVES neste ato representado por seu bastante procurador LAURENCE DA CUNHA ALVES, conforme instrumento particular de procuração, com assinatura digital, datada em 27/10/2025. Brasileiro nato, de acordo com o disposto no art 12, inciso I, alínea "c", in limine, e do artigo 95 dos ADCTs da Constituição Federal. Registro Lavrado de acordo com a Resolução nº 155 do Conselho Nacional de Justiça. Observação: Inscrito no Cadastro de Pessoa Física (CPF) sob o número 124.964.441-09. Nada mais me cumpria certificar. Do que para constar lavrei o presente termo que vai assinado por mim. Era o que continha em dito assento o qual foi bem e fielmente extraído do próprio original, ao qua me reporto e dou fé. ***\

BRASIL

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

CONSELHO NACIONAL DE JUSTIÇA

1. País: (Country / Pays):	**REPÚBLICA FEDERATIVA DO BRASIL**
Este documento público (This public document / Le présent acte public)	
2. Foi assinado por: (Has been signed by / A été signé par)	FRANCILLYA LOPES DE SOUZA DOS SANTOS
3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de)	ESCREVENTE
4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de)	1. REGISTRO CIVIL E TABELIONATO DE NOTAS - CARTÓRIO SILVA - GOIÂNIA/GO
Certificado (Certified / Attesté)	
5. Em: (At / À): GOIÂNIA	6. No dia: (The / Le): 31/10/2025
7. Por: (By / Par): RAPHAELLA NUNES FELIX	
8. Nº: (Nº / Sous nº): 2262875-25	
9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre)	10. Firma: (Signature) Assinatura Eletrônica / Electronic Signature / Signature Électronique

BRASIL APOSTILA APOSTILLE CONVENÇÃO DE HAIA DE 1961 - CONVENTION DE LA HAYE 1961

Tipo de Documento: (Type of document / Type d'acte) TRASLADO DE NASCIMENTO INTEIRO TEOR

Nome do titular: (Name of holder of document / Nom du titulaire) BENJAMIN LEO COCCIA GUARILHA ALVES

Esta Apostila certifica apenas a assinatura, a capacidade do signatário e, quando apropriado, o selo ou carimbo constantes no documento público. Ela não certifica o conteúdo do documento para o qual foi emitida.

This Apostille certifies only the signature, the capacity of the person signing it and where appropriate, the seal or stamp which the public document bears. It does not certify the content of the document for which it was issued.

Cette Apostille ne certifie que la signature, la qualité en laquele le signataric de l'acte a agi, et, le ca échéant, les sceau ou le timbre dont cet acte public est revêtu. Elle ne certifie pas le contenu de l'acte pour lequel elle a été émise.

A autenticidade desta Apostila e de sua assinatura eletrônica bem como o documento público subjacente, podem ser verificadas em:

The authenticity of this Apostille and its electronic signature, along with the underlying public document, may be verified at:

L'authenticité de cette Apostille, dela signature électronique, ainsi que de l'acte public sous-jacent peut être vérifiée sur:

https://apostil.org.br

A presente Apostila foi firmada com assinatura eletrônica, conforme a Lei nº 11.419/2006.

This Apostille was electronically signed in accordance with Law nº 11.419/2006.

Cette Apostille a été signée par une signature électronique, d'après la Loi nº 11.419/2006.

Dúvidas a respeito desta Apostila entrar em contato com a Ouvidoria do CNJ:

Any questions about this Apostille may be directed to the Ombudsman of the CNJ:

Vauillez contacter l'Ombudsman de la CNJ pour toute question relative à cette Apostille:

(61) 3772-7800

servicos@cnbcf.org.br

Por favor, utilize este QR Code para checar a autenticidade desta Apostila e de sua assinatura eletrônica. Uma cópia do documento público subjacente também está disponível na mesma página.

Please use this QR Code to check the authenticity of this Apostille and its electronic signature. A copy of the underlying public document is also accessible from the same page.

Veuillez utiliser ce Code QR pour vérifier l'authenticité de cette Apostille et de sa signature électronique. Une copie de l'acte public sousjacent est également disponible sur la même page.

Código (Code / Code)

2262875-25

CRC

93DE6324

Apostil

BR 024729 012404452

República Federativa Do Brasil - Estado Do Goiás
1º Registro Civil de Pessoas Naturais, Interdições e Tutelas, Tabelionato de Notes e Oficialato de Registros de Contratos Marítimos da Comarca de Goiânia
Cartório Silva - Av. 85, 1730 - Qd. 21 - Setor Marista - Cep 74180-140 - Goiânia - Goiás - Fone/Fax (62) 3225-3000 | (62) 3225-4000 - Mateus da Silva - Tabelião

APOSTILAMENTO

O presente foi realizado nos termos da Resolução nº 228 de 22/06/2016, do Conselho Nacional de Justiça. Selo de fiscalização nº 00062510215001230070137. O presente selo deve ser consultado em https://extrajudicial.tjgo.jus.br. O referido é verdade e dou fé. Goiânia, 31 de outubro de 2025.

Raphaela Nunes Felix
Escrevente

FSC www.fsc.org MISTO Papel | Apoiando o manejo florestal responsável FSC® C015899

DETALHAMENTO DA MATRÍCULA

MATRÍCULA
PADRÃO
DETALHAMENTO
CÓDIGO NACIONAL DA SERVENTIA (IDENTIFICAÇÃO CNS DO CARTÓRIO)
CÓDIGO DO ACERVO, SENDO:
01 - ACERVO PRÓPRIO
OUTROS - ACERVOS INCORPORADOS
TIPO DE SERVIÇO PRESTADO, SENDO:
51: SERVIÇO DE NOTAS
52: SERVIÇO DE PROTESTO DE TÍTULOS
53: SERVIÇO DE REGISTRO DE IMÓVEIS
54: SERVIÇO DE REGISTRO DE TÍTULOS E DOCUMENTO CIVIL DE PESSOA JURÍDICA
55: SERVIÇO DE REGISTRO CIVIL DAS PESSOAS NATURAIS
56: SERVIÇO DE REGISTRO DE CONTRATOS MARÍTIMOS
57: REGISTRO DE DISTRIBUIÇÃO

ANO DO REGISTRO
TIPO DO LIVRO, SENDO:
1: LIVRO A (NASCIMENTO)
2: LIVRO B (CASAMENTO)
3: LIVRO B (REGISTRO DE CASAMENTO RELIGIOSO PARA EFEITOS CIVIS)
4: LIVRO C (ÓBITO)
5: LIVRO C AUXILIAR (REGISTRO DE NATIMORTOS)
6: LIVRO D (REGISTRO DE PROCLAMAS)
7: LIVRO E (DEMAIS ATOS RELATIVOS AO REGISTRO CIVIL)
NÚMERO DO LIVRO
NÚMERO DA FOLHA
NÚMERO DO TERMO
DÍGITO VERIFICADOR

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A36163569

USA



Surname/Nom/Apellidos
COCCIA GUARILHA

Given names/Prénoms/Nombres
BENJAMIN LEO

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
13 FEB 2025

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
FRANCE

Date of issue/Date de délivrance/Fecha de expedición
13 MAR 2025

Date of expiration/Date d'expiration/Fecha de caducidad
12 MAR 2030

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USACOCCIA<GUARILHA<<BENJAMIN<LEO<<<<<<<<<<

A361635695USA2502139M3003127211080 34<648576

Incapacitado para assinar/
Unable to sign

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

YF480807

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

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / *TYPE*: **PP**
PAÍS EMISSOR / *ISSUING COUNTRY*: **BRA**
PASSAPORTE Nº / *PASSPORT No.*: **YF480807**

SOBRENOME / *SURNAME*
COCCIA GUARILHA ALVES



NOME / *GIVEN NAMES*
BENJAMIN LEO
NACIONALIDADE / *NATIONALITY*
BRASILEIRO(A)
DATA DE NASCIMENTO / *DATE OF BIRTH*: **13 FEV/FEB 2025**
CPF / *PERSONAL NUMBER*: **124964441-09**
SEXO / *SEX*: **M**
NATURALIDADE / *PLACE OF BIRTH*: **NANTES - FRA**
FILIAÇÃO / *FILIATION*
VINICIUS GUARILHA ALVES

AMANDA ROSE COCCIA



O TITULAR ESTÁ AUTORIZADO PELOS RESPONSÁVEIS LEGAIS, PELO PRAZO DESTE DOCUMENTO, A VIAJAR COM APENAS UM DELES (RES. CNJ 131/11, ART. 13).
DATA DE EXPEDIÇÃO / *DATE OF ISSUE*: **14 ABR/APR 2026**
AUTORIDADE / *AUTHORITY*: **BOGOTÁ EMB**
VÁLIDO ATÉ / *DATE OF EXPIRY*: **13 ABR/APR 2028**

PPBRACOCCIA<GUARILHA<ALVES<<BENJAMIN<LEO<<<<
YF480807<2BRA2502139M2804132124964441 09<<<02

Exhibit 11 - Evidence of Vinicius Guarilha Alves' Good Moral Character

Ministry of Justice and Public Security
Federal Police

No. 111112662026

ePol - SINIC
National Criminal Information System

Police Clearance Certificate

The Federal Police **CERTIFIES**, that, after a search in the National Criminal Information System - SINIC, as of the present date, there is **NO** final and unappealable criminal conviction recorded in the name of **VINICIUS GUARILHA ALVES**, Brazilian, son of LAURENCE DA CUNHA ALVES and ANGELA MARIA GUARILHA ALVES, born on 06/04/1985, in Brasília-Federal District, ID 63698042X SSP/SP SÃO PAULO, CPF 008.856.981-00, passport YF127746.

This certificate was issued on **05/21/2026** at **11:39 a.m.** (Brasília/DF GMT-3 time) based on the information provided, and is only valid upon presentation of an identification document for data confirmation.

The authenticity of this certificate may be verified by scanning the QR Code or by accessing the Federal Police website at "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/" and entering the certificate number 111112662026.

This document is valid for 90 days.

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: July 24, 2026.

Nº 111112662026

Ministério da Justiça e Segurança Pública
Polícia Federal

ePol - SINIC
Sistema Nacional de Informações Criminais

Certidão de Antecedentes Criminais

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **VINICIUS GUARILHA ALVES**, país de nacionalidade Brasil, filho(a) de LAURENCE DA CUNHA ALVES e ANGELA MARIA GUARILHA ALVES, nascido(a) aos 04/06/1985, natural de Brasília-DF, CI 63698042X SSP/SP SP, CPF 008.856.981-00, passaporte YF127746.

Esta certidão foi expedida em **21/05/2026** às **11:39** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/", e digitando o número da certidão 111112662026.

Este documento é valido por 90 dias.

MINISTRY OF JUSTICE

Liberty
Equality
Fraternity

FRENCH REPUBLIC
MINISTRY OF JUSTICE
Directorate of Criminal Affairs and Pardons
National Criminal Records Office
44317 NANTES CEDEX 3

CRIMINAL RECORD CERTIFICATE NO. 3

Criminal Record Certificate issued on August 14, 2025

Verifiable at:
https://casier-judiciaire.justice.gouv.fr/verif

- date of issuance: 08/14/2025
- time of issuance: 07:41
- document identifier: 25226014955B3
- control key: 6ED53BE0

Result to be verified:
74D3F3EF ED184939 3F962CB4 A0CE08E6
F3C891F2 94291E69 5A65E303

VINICIUS GUARILHA ALVES
12 RUE D ALGER B101
44100 NANTES

IDENTITY
Last Name: **GUARILHA ALVES**
First Name(s): **VINICIUS**
Sex: Male
Date of Birth: June 4, 1985
Place of Birth: BRASILIA, BRAZIL

FILIATION
Last Name: DA CUNHA ALVES
First Name(s): LAURENCE

Last Name: GUARILHA ALVES
First Name(s): ANGELA MARIA

Record of convictions required to appear on Criminal Record Certificate No. 3 (Article 777 of the Code of Criminal Procedure)

[Seal: MINISTRY OF JUSTICE - NATIONAL CRIMINAL RECORD]

In the absence of any conviction required to appear on Criminal Record Certificate No. 3, this bulletin contains a diagonal line (Article R. 84 of the Code of Criminal Procedure)

The magistrate, head of the National Criminal Records Office

Thierry LESCOUARC'H

Reference: 25225116014//0741/000000000/CJNAB253/000/N/N

Colombia

APOSTILLE
(Convention of The Hague of October 5, 1961)

1. Country: France

This public document

2. has been signed by: Thierry Lescouarc'h
3. acting in the capacity of:
   Magistrate
4. bears the seal/stamp of:
   National Criminal Records Office
   Certified
5. at: BREST
6. on: September 22, 2025
7. by: Me Gwennoline POUTIER-BOUSSER
   delegate of the President of the Regional
   Council of Notaries of the Court of Appeal of
   Rennes
8. under No.: AP-20250922-d8675741
9. Seal/Stamp: 10. Signature:



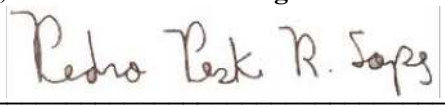


Signed by:
Me Gwennoline POUTIER-BOUSSER (3290290003)

Signed on:
September 22, 2025 at 2:43:34 PM

Verify your e-Apostille at apostille-index.notaires.fr or scan the QR code opposite

I, Pedro Peski Ribeiro Lopes, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from French 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: July 14, 2026.

MINISTÈRE DE LA JUSTICE
Liberté
Égalité
Fraternité

RÉPUBLIQUE FRANÇAISE
MINISTÈRE DE LA JUSTICE
Direction des affaires criminelles et des grâces
Casier judiciaire national
44317 NANTES CEDEX 3

BULLETIN NUMÉRO 3

Bulletin délivré le 14 août 2025

Vérifiable sur
https://casier-judiciaire.justice.gouv.fr/verif
· date de délivrance 14/08/2025
· heure de délivrance 07:41
· identifiant document 252260149555B3
· clé de contrôle 6ED53BE0
Résultat à vérifier
74D3F3EF ED184939 3F962CB4 A0CE08E6
F3C891F2 94291E69 5A65E303

VINICIUS GUARILHA ALVES
12 RUE D ALGER B101
44100 NANTES

IDENTITÉ

Nom	**GUARILHA ALVES**
Prénom(s)	**VINICIUS**
Sexe	Masculin
Date de naissance	4 juin 1985
Lieu de naissance	BRASILIA (BRESIL)

FILIATION

Nom	DA CUNHA ALVES
Prénom(s)	LAURENCE
Nom	GUARILHA ALVES
Prénom(s)	ANGELA MARIA

Relevé des condamnations devant figurer au bulletin numéro 3 (article 777 du Code de procédure pénale)

MINISTÈRE DE LA JUSTICE
CASIER JUDICIAIRE NATIONAL

En l'absence de condamnation devant figurer au bulletin numéro 3, celui-ci comporte une barre transversale (article R. 84 du Code de procédure pénale)

Le magistrat, chef du service du Casier judiciaire national
Thierry LESCOUARC'H

Réf : 25225116014//0741/000000000/CJNAB253/000/N/N

Colombie

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Pays : France
   Le présent acte public
2. a été signé par : Thierry Lescouarc'h
3. agissant en qualité de :
   Magistrat
4. est revêtu du sceau/timbre de :
   Casier judiciaire national
   Attesté
5. à : BREST
6. le : 22 septembre 2025
7. par : Me Gwennoline POUTIER-BOUSSER
   délégué du président de : Conseil régional des notaires de la Cour d'appel de Rennes
8. sous No : AP-20250922-d8675741
9. Sceau/timbre : 10. Signature :





Signé par :
Me Gwennoline POUTIER-BOUSSER (3290290003)
Signé le :
22 septembre 2025 à 14:43:34

Vérifiez votre e-Apostille à l'adresse apostille-index.notaires.fr ou scannez le code QR ci-contre