

F190000004016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

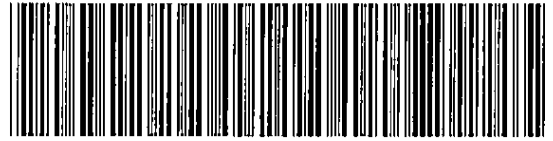
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 30 AM 11:08

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SEP 03 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 08/30/2019

Name: Merritt Walker

Reference #: 1124518

Entity Name: IDAI NATURE USA CORP.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70

Signature: MW



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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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

1. IDA! NATURE USA CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. March 13, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
Upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1200 Brickell Ave., Suite 800, Miami, FL 33131
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

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

Ann Marie Cummins ASST. SECY.
(Registered agent's signature)

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

2019 AUG 30 AM 11:00
FILED

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

A. DIRECTORS

Chairman: Eric Jose Ghislain Marie Joseph Van Innis

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

Vice Chairman: _____

Address: _____

Director: Nuno Guilherme Liberalo Loureiro

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

Director: Carlos Alberto Ledó Orriach

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

B. OFFICERS

President: Eric Jose Ghislain Marie Joseph Van Innis

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

Vice President: German Guillem

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

Secretary: Carlos Alberto Ledó Orriach

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

Treasurer: Nuno Guilherme Liberalo Loureiro

Address: Calle Moscú 10, Poligono Industrial Mas de Tous, La Pobla de Vallbona, 46185, Valencia, Spain

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Carlos Alberto Ledó Orriach, Director and Secretary

(Typed or printed name and capacity of person signing application)

2019 MAY 30 AT 14:08
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDAI NATURE USA CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDAI NATURE USA CORP." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2019.

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



7323653 8300

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203506762