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### **COVER LETTER**

то:	Registration Sec Division of Corp								
	Trice USA								
SUBJ	JECT:								
		Name o	of corporation	n - must i	nclude suffix				
Dear S	Sir or Madam:								
"Certi	nclosed "Application ficate of Existence referenced foreign	," or "Certificate	of Good Star	nding" aı	nd check are su				,
	e return all correspo k Virgil	ondence concerni	ng this matte	r to the f	ollowing:				
			Name of	Person					
Trice	USA Inc.								
			Firm/Con	nnany				<del></del>	
1440	Broadway 23rd Flo	or		<b></b>		=			
New \	ork, New York 100	)18	Addr	ess		r T	SECSE!	MAL 910	
City/State America1050@aol.com			City/State a	nd Zip code					
		E-mail address:	(to be used	for future	annual report	notification	<b>工</b> 组		—
For fu	rther information c	oncerning this ma	atter, please	call:			100 A	<del>1:</del> 35	
Derrick Virgil			813 at (	514-3138					
	Name of Person	· %	Area Cod	<i>)</i> le	Daytime Telep	phone Numb	per	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclos	sed is a check for th	ne following amo	unt:						
<b>□</b> \$70	0.00 Filing Fee	S78.75 Filing Certificate of			Filing Fee & ed Copy			of Sta	

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Trice USA Inc. (linter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) State or country under the law of which it is incorporated)

3. 8/-/2/0693

(FEI number, if applicable) January 25, 2016 (Date of incorporation) 5. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1440 Broadway 23rd Floor New York, New York 10018 (Principal office address) Po Box 11491 Tampa, Florida 33680 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: **TAMPA** \_\_\_\_\_, Florida \_33607 (City)

#### 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.

Bill Havre/Secretary/Registered Agents Inc.

(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 E epartment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Derrick Virgil Chairman: 1440 Broadway 23rd Floor Address: New York, New York 10018 Vice Chairman: Add:ess: \_\_\_\_ Address: \_\_\_\_ Director: \_\_ Address: **B. OFFICERS** Pre: ident: Adcress: \_\_\_\_ NAU Vic : President: Sec etary: Address: Tre isurer: Address: NCTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Derrick Virgil 13

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

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TRICE USA INC. was filed on 01/25/2016 with an existence date of 01/25/2016, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State, at the City of Albany, this 25th day of January two thousand and sixteen, at 10:04 AM.

Executive Deputy Secretary of State

Authentication Number: 1601250054 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov