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(Red	questor's Name)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
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Special Instructions to F	Filing Officer:			
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Office Use Only



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J. HARRIS

COVER LETTER

то:	Registration Se Division of Co					
SUBJ	ECT: TJS (US)	A), Inc.				
		Name	of corporati	on - mus	t include suffix	
Dear S	Sir or Madam:					
"Certi:	ficate of Existent		e of Good S	tanding"	and check are subn	t Business in Florida," nitted to register the
Please	return all corres	pondence concern	ing this mat	ter to the	following:	
Susan	Davidson					
			Name	of Person	1	
TJS (U	SA), Inc.					
	_		Firm/C	əmpan <u>y</u>		
6415 B	llue Sail Lane					
			Ad	dress		
Apollo	Beach, FL 33572					
			City/State	and Zip	code	
8U8301 A	lavidson@tjs.com					
		h-mail addres.	s: (to be use	d for futt	ire annual report no	otification)
For fu	rther information	concerning this n	natter, pleas	e call:		
Susan I	Davidson		at (<u>617</u>	. 581)-2() 4	
	Name of Perso	•n	Area C		Daytime Teleph	one Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	S: ,		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclos	ed is a check for	the following am-	ount:			
☐ \$70	0.00 Filing Fee	S78.75 Filin Certificate			75 Filing Fee & flied Copy	■ \$87.50 Filing Fee. Certificate of Status &



March 1, 2018

SUSAN DAVIDSON 6415 BLUE SAIL LANE APOLLO BEACH, FL 33572

SUBJECT: TJS (USA), INC. Ref. Number: W18000020419

We have received your document for TJS (USA), INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

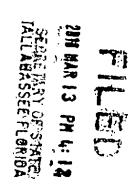
Letter Number: 818A00004249

Jenna D Harris Regulatory Specialist II

RECEIVED

118 HAR 13 AM 9: 52

DEPARTMENT OF STATE
VISION OF CORPORATION
TALLAHASSEL FLOWERS



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. TJS (USA), Inc	<u> </u>	_		
	orporation: must include "INCORPORATE forp," "Inc," "Co," or "Corp,")	D," "(OMPANY." "CORPORATION.	
(If name unavail	able in Florida, enter alternate corporate nar	ae ado	pted for the purpose of transacting	business in Florida)
2. Delaware		3. <u>01</u> 0	1](1909409	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
August 6, 2008		5.		
(Date of incorporation)			(Date of duration, if other than perpetual)	
5. 01/01/2018				
7 <u>,580 Fifth Av</u> enue	(Date first transacted busines (SEE SECTIONS 607,1501 & 607 Suite 400, New York, NY 10036)
	(Prin	cipal o	(ffice address)	
6415 Blue Sail L	ane, Apollo Beach, FL 33572			
3. Name and <u>stree</u>	(Current ma	~	ddress, if different) fox <u>NOT</u> acceptable)	2018 HAR SCOARS
Name:	Susan Davidson		_	25 25 35 S
Office Address:	6415 Blue Sail Lane		_	PX 4
	Apollo Beach		, Florida 33572	₹ 7
	(City)		(Zip code)	> 38 = -

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.

(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.

• 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ___ Vice Chairman: Address; Address: **B. OFFICERS** President: Gabriel Nasser Address: 361 Newbury Street Boston, MA 02115 Vice President: Secretary: Adrian Prezioso Address: 29 Westland, Winchester, MA 01890 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. adrie Masser 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. Gabriel Nasser, President and CEO





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TJS (USA), INC." 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 NINTH DAY OF MARCH, A.D. 2018.



Authentication: 202283818

Date: 03-09-18