

F18000003740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

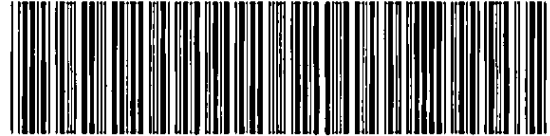
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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18 AUG 14 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 AUG 14 PM 3:48  
17

C SIMMONS  
AUG 14, 2018

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 8/14/2018

**PRIORITY** Routine

**OUR REF # (Order ID#)** 676736

**ORDER ENTITY**  
FNI TRADE INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

FNI TRADE INC. (FL)

File the attached foreign qualification document

**NOTES:**

\$70.00 Authorized  
Email address for annual report reminders: orders@usa-corporate.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. FNI TRADE INC.  
(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. LOUISIANA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/17/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 207 WORTH AVE, PALM BEACH FL 33480  
(Principal office address)
- 19 W. 34TH STREET STE 1018, NEW YORK NY 10001  
(Current mailing address, if different)

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

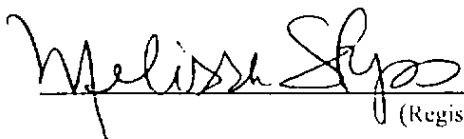
Name: INCORPORATING SERVICES LTD.

Office Address: 1540 GLENWAY DRIVE

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.*



(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: FREDY NETZR ISRAEL

Address: 9-20 STAFFERN DRIVE, CONCORD, ONTARIO, L4K 2Z7 CANADA

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: FREDY NETZR ISRAEL

Address: 9-20 STAFFERN DRIVE, CONCORD, ONTARIO, L4K 2Z7 CANADA

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

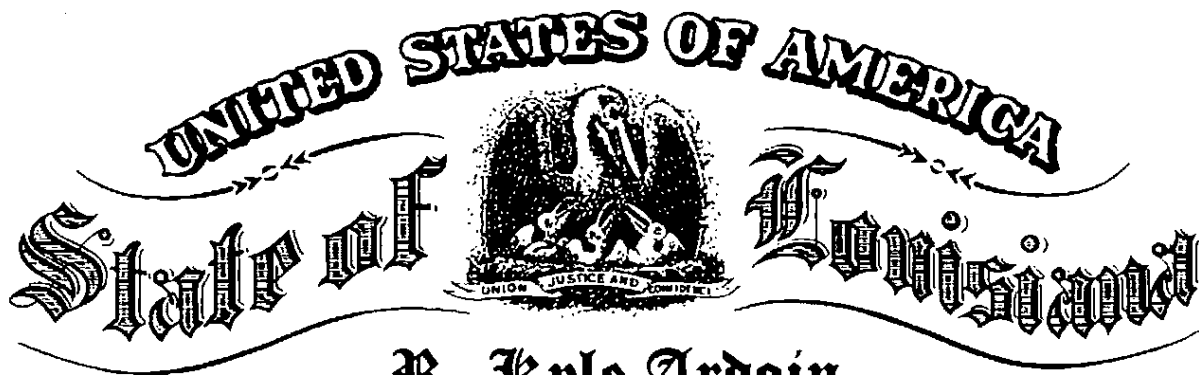
12. FREDY Signature of Director or Officer

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. FREDY NETZR ISRAEL, PRESIDENT

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

FILED  
18 AUG 14 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

**FNI TRADE INC.**

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on July 17, 2017,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

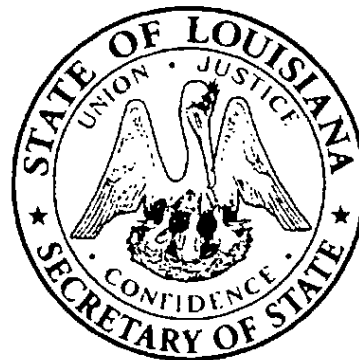
I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 14, 2018

*Secretary of State*

Web 42736105D



Certificate ID: 10984122#R9E52

To validate this certificate, visit the following web site, go to **Business Services**, Search for Louisiana **Business Filings**, Validate a Certificate, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)