F19000000332

| (F | Requestor's Name) | |
|-------------------------|-------------------------|--------|
| (<i>F</i> | Address) | |
| (<i>f</i> | Address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | MAIT | MAIL |
| (E | Business Entity Name) | |
| (C | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
| | W5 | |

Office Use Only



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N. CAUSSEAUX JAN 1 7 2019

COVER LETTER

| TO: | O: Registration Section Division of Corporations | | | | | | |
|--------|--|--|--|-------------|----------|--|---|
| SUBJ | ECT: | Oaktr | ee Trading Internation | nal Limited | i | | |
| | | _ | Name of c | orporatio | n - mu | st include suffix | |
| Dear S | Sir or Mada | ım: | | | | | |
| "Certi | ficate of Ex | cistence, | | Good Sta | ınding | " and check are sul | nct Business in Florida," comitted to register the |
| Please | return all | correspo | ndence concerning | this matte | er to th | e following: | |
| | | | | Brenda | Fayad | | |
| | | | | Name of | f Perso | מי | |
| | | | | ACT Cor | sulting | | |
| | | | | Firm/Co | mpany | | |
| | | | 50 | 35 Hazel | Ave, A | pt B | |
| | | | | Add | ress | | |
| | | | P | hiladelphia | a, PA 1 | 9143 | |
| | | | C | ity/State | and Zi | p code | |
| | | | | x@actcon | | | |
| | | | E-mail address: (t | o be used | for fu | ture annual report | notification) |
| For fu | rther inform | nation co | oncerning this matte | er, please | call: | | |
| Bre | nda Fayad | | at (| 773 |) | 971-5387 | |
| | Name of | Person | | Area Co | de | Daytime Telep | hone Number |
| | Registrat Division Clifton B | ion Secti of Corpo uilding cutive C | enter Circle | | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 |
| Enclos | ed is a che | ck for th | e following amoun | i: | | · | |
| □ \$70 | 0.00 Filing | Fee 1 | ■ \$78.75 Filing Fe Certificate of S | | | 3.75 Filing Fee & tified Copy | S87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (Enter name of co | ting international Limited Inc rporation; must metade "INCORPORATED, rp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | | | |
|-------------------|--|---|--|--|--|
| (If name unavaila | ole in Florida, enter alternate corporate name | e adopted for the purpose of transacting business in | Florida) | | |
| Delaware | 3 | 82-4005360 | | | |
| ` | under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| January 8 201 | 85 | | | | |
| · ——— | of meorporation) | (Date of duration, if other than perpetual) | | | |
| | | | | | |
| 17001 Collins / | (SEE SECTIONS 607 1501 & 607 1 Ave. #1407, Sunny lates, Milamit Beach, FL 33 | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) 3160 inpal office address) | | | |
| | (Current mail | ling address, if different) | 日 1000 1000 1000 1000 1000 1000 1000 10 | | |
| . Name and stree | t address of Florida registered agent: (P | O. Box NOT acceptable) | JAH 15 | | |
| Name. | W. Bradley Munroe. Esquire | | 7 | | |
| Office Address: | 239 East Virginia Street | | ુ કૃ | | |
| | Tallahassee (City) | . Florida <u>32301</u> (Zip code) | • | | |
| 9. Registered ago | ent'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: Vice Chairman Address: Director: _ Address. Address: ____ B. OFFICERS President: Mano Alberto Ribeiro Ricci Address: __17001 Collins Ave. #1407 Sunny Isles, Miami Beach, FL 33160 Vice President Alejandro Cunel Address: 17001 Collins Ave #1407 Sunny Isles Miami Beach, FL 33160 Secretary ______ Treasurer: NOTE: 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 \$.817.155, F.S. ALEXANDRO CURIEL (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OAKTREE TRADING INTERNATIONAL LIMITED"

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 ELEVENTH DAY OF DECEMBER,

A.D. 2018.

Story W. - 12



Authentication: 204076745

Date: 12-11-18

6699789 8300 SR# 20188079572