# F20000004160

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  9/8 PCCVD COVVLCHED Paperwork				
W2-87785				

Office Use Only



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### **COVER LETTER**

TO:		tration Section ion of Corporations				
SHRI	FCT.	WELLPUTT USA INC				
.5015	1.01.	Name of	corporation	- must include suffix		
Dear S	ir or M	adam:				
Certif	ficate o	"Application by Foreign Corport Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ling" and check are subi		
Please	return :	all correspondence concerning	this matter	to the following:		
ALINE	DARM	IOUNI				
			Name of I	Person		
EXCO	US ATI	RIUM				
		<del></del>	Firm/Com	pany		
1200 B	RICKE	LL AVE SUITE 1960				
			Addre	SS		
МІАМ	I FL 33	131				
		(	Jity/State an	d Zip code		
ad@ex	cous.cor	n				
		E-mail address: ()	to be used fo	or future annual report n	otification)	
For fur	ther int	ormation concerning this matt	er, please ca	ill:		
ALINE	ALINE DARMOUNI 305 at (			600 4405		
	Name	e of Person	Area Code	ode Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r		check for the following amounted payable to: FLORIDA DEPART Filing For S78.75 Filing For Certificate of S	ARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

## 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.

(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Flori	<del>da)</del>
2. DELAWARE	3		
09/20/2019	3		
4(Date	of incorporation)	(Date of duration, if other than perpetual)	<del></del>
09/20/2019	·		
6.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
7. 1200 BRICKELI	, AVE STE 1960		
MIAMI FL 3313	(Principal office	street address)	
S. Name and stree	(Current mailing a et address of Florida registered agent: (P.O. I	ddress, if different)  Box NOT acceptable)	AND THE
Name:	EXCO US ATRIUM		ANS TO
Office Address:	1200 BRICKELL AVE STE 1960	_	
	MIAMI	Florida 33131	
	(City)	, Florida 33131 (Zip code)	
designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointmen	of process for the above stated corporation at the at as registered agent and agree to act in this ca tive to the proper and complete performance of on as registered agent.	ipacity. I

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.

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P	• ••	•
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C		)

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address: 1200 BRICKELL AVE STE 1960	□ Vice Chairman	Address:			
Director	MIAMI FL 33131	☐ Director	<del></del>			
☐ President		□President			<u></u>	
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	Other		Other	<del></del>	
□Chainnan	Name:	□ Chairman	Name:	<u> </u>		
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President		□President		***	•	
□Vice President		☐ Vice President			23 mm	- <del>    3</del> 38
☐ Secretary	□Treasurer	Secretary		□Treasurer	* <del></del> -	ထ
□Other	Other	Other		Other	160 171 171 181 181 181 181 181 181 181 181	PH   2:
						9
□Chairman :	Name:	□ Chai⊓nan	Name:	<u>.                                    </u>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director _		Director			<del></del>	
□President _		□President	<del> </del>			
□Vice President _		□Vice President				
☐Secretary	□Treasurer	□Secretary		□Treasurer		
Other	Other	Other		□Other		<del></del>
individuals may be ac	e an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Daniel of Signature of Director	ent of State Annual Rep	for reporting part form.	surposes only. No	m-index	ed
The officer or directo the is aware that false 1.817.155, F.S.	r signing this document (and who is listed in number information submitted in a document to the Department of the Depart	er 11 above) affirms that timent of State constitute.  Presidonk	s a third degre	d herein are true e felony as provi	ded for i	n

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WELLPUTT 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 SEVENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

LAPYS OF THE PARTY OF THE PARTY

Authentication: 203239450

Date: 07-07-20





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2020

ALINE DARMOUNT EXCO US ATRIUM 1200 BRICKELL AVE SUITE 1960 MIAMI, FL 33131 US

SUBJECT: WELLPUTT USA, INC. Ref. Number: W20000087785

We have received your document for WELLPUTT USA, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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

Laura D Chang Regulatory Specialist II

Letter Number: 720A00015093

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