

F20000004502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

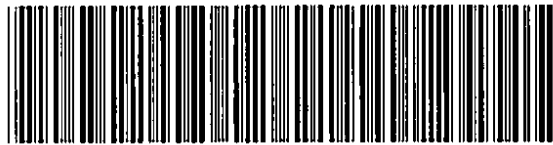
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500353430655

10/14/20--01001--005 \*\*70.00

10/14/20 10:00 AM

10/14/20 10:00 AM

SKF  
10/14/20

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/13/2020

- CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- xx** **FILING** INC \_\_\_\_\_

1. **SIA PARTNERS U.S., INC.**  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_

10/13/2020 13:12:45

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLA PARTNERS U.S., INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DANIEL H. CONNOR

Name of Person

SLA PARTNERS U.S., INC.

Firm/Company

40 RECTOR STREET, SUITE 1111

Address

NEW YORK, NEW YORK, 10006

City/State and Zip code

daniel.connor@sia-partners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Ben-Moussa

212

634-3047

at ( )

Name of Person

Area Code

Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

2010-10-13 11:12:45

**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. SIA PARTNERS U.S., 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)

New York

2. (State or country under the law of which it is incorporated)

3. (FEI number, if applicable)

November 9, 2007

4. (Date of incorporation)

5. (Date of duration, if other than perpetual)

N/A

6. (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

40 RECTOR STREET, SUITE 1111, New York, NY

7. (Principal office address)

(Current mailing address, if different)

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

Name: Universal Registered Agents, Inc.

Office Address: 1317 California Street

Tallahassee, Florida 32304

(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.*

By:  Universal Registered Agents, I

(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.

2007-13 FEB 14

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MATTHIEU COURTECUISSÉ  
Address: 40 RECTOR STREET, SUITE 1111  
NEW YORK, NEW YORK, 10006

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: DANIEL H. CONNOR  
Address: 40 RECTOR STREET, SUITE 1111  
NEW YORK, NEW YORK, 10006

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

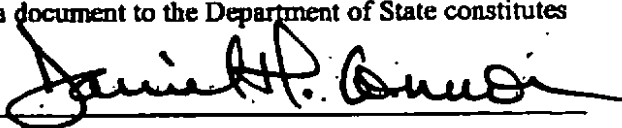
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

2770  
13  
F112145

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

12.   
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. DANIEL H. CONNOR, CHIEF EXECUTIVE OFFICER us   
(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 SIA PARTNERS U.S., INC. was filed on 11/09/2007, under the name of OTC CONSEIL AMERICAS, INC. , with perpetual duration, 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.*

*A Certificate of Amendment OTC CONSEIL AMERICAS, INC. , changing its name to SIA PARTNERS U.S., INC., was filed 11/09/2012.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of October  
two thousand and twenty.*

A handwritten signature in black ink that reads "Brendan C. Hughes".

Brendan C. Hughes  
Executive Deputy Secretary of State