F200000004644

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(510100 2)
(Document Number)
(Bootament Namber)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:





900352857349

10/18/20--01005--024 **78.75

23/3 C : 16 PT 3: C7

3/10/21/20

COVER LETTER

TO:	Registration Section Division of Corporation					
SUBJI	ECT: EG MANAG	EMENT USA, INC				
50.00		Name of corporat	ion - must	include suffix		
Dear Si	r or Madam:					
"Certifi	cate of Existence,"	by Foreign Corporation for "Certificate of Good Supportion to transact busing	tanding" a	ind check are sul	act Business in Florida bmitted to register the	a."
Please r	eturn all correspond	lence concerning this mat	ter to the	following:		
GHISL	AIN NOS					
		Name	of Person			
JADE F	IDUCIAL INC					
		Firm/C	ompany	· · · · · · · · · · · · · · · · · · ·		
990 BIS	CAYNE BLVD, OF	TCF 701				
		Ad	dress			
MIAMI	, FLORIDA, 33132					
		City/State	and Zip	code		
contactn	nia@jade-fiducial.com					2940
		3-mail address: (to be use	d for futu	re annual report	notification)	
For furt	her information con	cerning this matter, pleas	e call:			こ
NOS GI	HISLAIN	at (954	5415101		سبد : -
	Name of Person	Area Co	ode '	Daytime Telep	phone Number	ب
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 m	• -	following amount: FLORIDA DEPARTMENT S78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filling F Certificate of S Certified Copy	Status &

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.

	MENT USA, INC				
(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida	<u>a)</u>		
DELAWARE	3.	85-3185487			
(State or countr 09/23/2020	y under the law of which it is incorporated) 5.	(FEI number, if applicable)	_		
(Date	of incorporation)	(Date of duration, if other than perpetual)			
90 BISCAYNF	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 BLVD. OFFICE 701, MIAM1, FL 33132	Florida, if prior to registration) 22. F.S., to determine penulty liability)	_		
		e street address)			
	(Timelpar differ	audicasy			
	(Current mailing	address, if different)	_		
	(Current Milling	address. If differency			
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
	FIDUCIAL JADE INC				
Name:		,, _, _,	~.) i.a		
	990 BISCAYNE BLVD, OFFICE 701		7179 C -		
			7,779 [
		, Florida 33132	7379 [7 1 5 1		
fice Address:	MIAMI (City)	, Florida 33132	7179 CT 16 PT		
ice Address: Registered age	MIAMI (City) ent's acceptance:	(Zip code)			
ice Address: Registered age ving been nam ignated in this	MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this can	 pla acit		
fice Address: Registered age ving been nam ignated in this ther agree to co	MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of n	 pla acit		
fice Address: Registered age ving been nam ignated in this ther agree to co	MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of n	 pla acit		
fice Address: Registered age ving been nam ignated in this ther agree to co	MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of n	 pla acit		
fice Address: Registered age wing been nam signated in this ther agree to co	MIAMI (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of n	 pla acit		

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.

A. DIRECTORS	5			
□ Chairman	Name: DEVAUX FRANK	□ Chairman	Name: SC	DULAT DAMIEN
□Vice Chairman	Address: 990 BISCAYNE BLVD	□Vice Chairman		990 BISCAYNE BLVD
Director	OFFICE 701, MIAMI, FL, 33132	■Director		701, MIAMI, FL . 33132
■President		□President		
□Vice President		■Vice President		
□ Secretary	☐Treasurer	□ Secretary		□Treasurer
Other	Other	Other		Other
□ Chairman	Name: CHARLIEUX GILLES	□Chairman	Name	
□Vice Chairman	Address: 990 BISCAYNE BLVD,	□ Vice Chairman		
Director	OFFICE 701, MIAMI, FL, 33132	☐ Vice Chairman		
□President		President		
□Vice President		□Vice President		
■ Secretary	■ Treasurer	□ Secretary		☐ Treasurer
□Other		Other		Other
		-		
□Chairm a n	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	2079
□Director		Director		
□President		□President		5
□Vice President		□Vice President		=======================================
☐ Secretary	☐ Treasurer	☐ Secretary		☐Treasurer ☐
Other		□Other		□ Other
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department	schment will be imaged ent of State Annual Re	d for reportir port form.	ng purposes only. Non-indexed
12	Signature of Director of	or Officer		
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Depart	er 11 above) affirms the timent of State constitut	at the facts s tes a third de	tated herein are true and that he or egree felony as provided for in

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EG MANAGEMENT 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EG MANAGEMENT USA, INC" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203723659

Date: 09-24-20

3727065 8300 SR# 20207450965