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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	ECT:	BUSINESS PRO USA CORP.						
Name of corporation - must include suffix								
Dear Si	r or M	adam:						
"Certifi	icate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tra	f C	Good Standi	ıg" an	d check are submitte		
Please i	return	all correspondence concerning	g t	his matter to	the fo	llowing:		
FILIPP	O CIN	OTTI						
		· · · · · · · · · · · · · · · · · · ·		Name of Pe	rson			
CINOT	TI GA	LGANO						
				Firm/Compa	ıny	, , , , , , , , , , , , , , , , , , , ,		
66 WES	ST FL	AGLER STREET, SUITE 1002						
		· · · · · · · · · · · · · · · · · · ·		Address	i			
MIAMI	I, FL 3	3130						
			Ci	ty/State and	Zip co	ode		
ADMI(@CINC	OTTILAW.COM						
		E-mail address:	(to	be used for	future	annual report notifi	cation)	
For fur	ther in	formation concerning this ma	itte	r, please cal	l:			
FILIPPO CINOTTI			at (at (212 Area Code) 32:		50489		
	Nan	e of Person		Area Code	<i></i>	Daytime Telephone	Number	
	Regineral Regine	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303	i:			MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	
Please :	make c	t check for the following amounted payable to: FLORIDA DE ling Fee S78.75 Filing Certificate o	PA g F	RTMENT C	\$78.75	_	1 \$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.

METROPOLIT	AN PROPERTY MANAGEMENT				
	able in Florida, enter alternate corporate name adop	nted for the purpose of transacting buriness	in Florida)		
NEW VORK		-	m Piorida)		
2	y under the law of which it is incorporated)	(FEI number, if applicable)			
12/12/2018	•	•			
1	of incorporation)	(Date of duration, if other than perpet	ual)		
N/A	,	(= 5. =, 5)	,		
5	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,				
, 11 BROADWAY	7, SUITE 368, NEW YORK, NY 10004				
·	(Principal office <u>s</u>	treet address)			
1000 STH STRE	ET STE 200 BOX A231 MIAMI BEACH FL 331	39			
	(Current mailing ac	ddress, if different)		. ^	
8. Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		APR	
Name:	METROPOLITAN PROPERTY MANAGEMI	£ 		26	
Office Address:	1000 5TH STREET STE 200 BOX A231	_		全	
	MIAMI BEACH	, Florida 33139	380 111	ĊÒ	_
	(City)	(Zip code)		-	
Having been na <mark>n</mark> designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointmen comply with the provisions of all statutes relain with and accept the obligations of my position M	t as registered agent and agree to act in tive to the proper and complete perforn	n this capa	city. I	•

11. For initial indexing purposes, list names, titles and acdresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				
□Chairman	Name: DANIELE BUSI	□ Chairman	Name:	64-84-7-17-
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
Director	NEW YORK, NY 10004	□Director		
■ President		□President		
□Vice President		□Vice President		
≅ Secretary	■ Treasurer	☐ Secretary		□Treasurer
□ Other	Other	□:Other		□Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		,
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
☐ President		□President	•	
□Vice President		□ Vice President		
☐ Secretary	☐Treasurer	Secretary		☐ Treasurer
Other	Other	☐Other		□ Other
12X	rector signing this document (and who is listed in nu- false information submitted in a document to the De	intment of State Annual R stor or Officer imber 11 above) affirms (that the facts su	ated herein are true and that he or

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BUSINESS PRO USA CORP. was filed on 12/12/2018, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of March two thousand and twenty-one.

Brendan C. Hughes

Executive Deputy Secretary of State

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