# F21000002777

(Requestor's Name)			
(Address)			
(Address)			
(Cit.)(Ct.) 17: (Dt.) 40			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: HFC USA INC.				
	ion - must include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the			
Please return all correspondence concerning this mar	tter to the following:			
	of Person			
TABS INC.				
228 E. 45TH ST. STE. 9E				
·**·	dress			
NEW YORK, NY 10017	.1.			
•	e and Zip code			
COMPLIANCE@TABSING.C	•••			
· ·	ed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
KIRKE MARSH at (347	,694-5321			
Name of Person Area C	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			
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTME  \$70.00 Filing Fee	NT OF STATE  S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

HFC USA			
	orporation; must include "INCORPORATED," "CCorp." "Inc," "Co." or "Corp.")	OMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name adopti	ed for the purpose of transacting busin	ess in Florida)
2. Delawai	J.		
	y under the law of which it is incorporated)	(FEI number, if applicable	e)
' -	UST 2013 5		
,	of incorporation)	(Date of duration, if other than per	rpetual)
6. PENDIN	IG REGISTRATION		
	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F		
228 F 4	5TH ST. STE. 9E NEW Y		
7. <b>220 L.</b> 4.	(Principal office str		<del> </del>
	(Timespar office <u>ser</u>	eer address)	
	(Current mailing add	ress. if different)	
	, ,	,	
8. Name and stree	t address of Florida registered agent: (P.O. Bo	NOT acceptable)	 
Name:	Northwest Registered Agent LLC		1
ivaine;	7004 4th Ot NI CTE 200		<i>:</i> :
Office Address:	7901 4th St N STE 300		۱ سه
	St. Petersburg	, Florida 33702 (Zip code)	:.!
	(City)	(Zip code)	
O. Dagistanad age			

#### 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.



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					
□Chairman	Name: Mathieu Lacabanne	□Chairman	Name: Kirke Marsh		
□Vice Chairman	Address: 228 E. 45TH ST. STE. 9E	□Vice Chairman	Address: 228 E. 45TH ST. STE. 9E		
Director	NEW YORK, NY 10017	□Director	NEW YORK, NY 10017		
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			
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	☐Treasurer		
□Other	□Other	Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form.  12.					
	Signature of Director of	r 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.

3. KIRKE MARSH, SECRETARY

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HFC 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 APRIL, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HFC USA, INC."

WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2013.

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

eat corn delaware gov/auti

Authentication: 203049429

Date: 04-24-21

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SR# 20211435863