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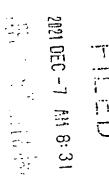
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ITAU USA ASSET	MANAGEMENT INC.		
Sobole 1.	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	rtificate of Good Standi	ng" and check are submi	Business in Florida," itted to register the
Please return all correspondence	concerning this matter to	the following:	
Luw Sookpaul			
	Name of Pe	rson	
CNS Associates LLC			
	Firm/Compa	iny	
35 37 36th Street, 2nd Floor			
	Address		
Astoria, NY 11106			
	City/State and	Zip code	
lou@cnsassociatesllc.com			
E-mail	address: (to be used for	future annual report not	ification)
For further information concerning	g this matter, please cal	:	
Luw Sookpaul	718 at (Daytime Telephone Number	
Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	·	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	RIDA DEPARTMENT O 75 Filing Fee & S		■ \$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.

	able in Florida, enter alternate corporate name ado	pted for the purpose of transacti	ng business in Florida)
Delaware	3.	117464	
State or country under the law of which it is incorporated) 3/17/1999		(FEI number, if applicable)	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.		lity)
10 Madison Av	enue, 24th Floor New York, NY 10022		
	(Principal office s	treet address)	
	(Current mailing a	ldress, if different)	
Name and stre	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	2021 51.
Name:	Pedro Hurtado	ox NOT acceptable)	
ice Address:	200 South Biscayne Boulevard, 22nd Floor		
	Miami	, Florida	AN 8: 31
	(City)	(Zip code)	
			\$ F
	ent's acceptance:		
ing been nan	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointmen	f process for the above state	d corporation at the p

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 Name: See attached list of Directors and Officers □ Chairman □ 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: _____ Address: ☐ Vice Chairman □ Director □ Director □ President □President □ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other ____ ☐ Other _____ □Other _____ □Other ____ ☐ Chairman Name: _____ ☐ Chairman Name: □Vice Chairman Address: _____ Address: □ Vice Chairman □ Director □ Director □President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □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 filing your Florida Department of State Annual Report form. Signative 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.

Pedro Hurtado, HR Officer

DIRECTORS/ OFFICERS OF ITAU USA ASSET MANAGEMENT INC.

Charles Ferraz, Chief Executive Officer 200 South Biscayne Blvd, 22nd Floor Miami, FL 33131

Ken Goodall, Chief Compliance Officer 200 South Biscayne Blvd, 22nd Floor Miami, FL 33131

William Scott Piper, Managing Director 200 South Biscayne Blvd, 22nd Floor Miami, Ft 33131

Pedro Hurtado, HR Officer 200 South Biscayne Blvd, 22nd Floor Miami, FL 33131

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

DELAWARE, DO HEREBY CERTIFY "ITAU USA ASSET MANAGEMENT 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 NINETEENTH DAY OF NOVEMBER,

A.D. 2021.



Authentication: 204740542

Date: 11-19-21