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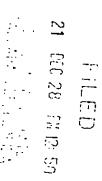
(Requestor's Name)
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Special Instructions to Filing Officer:

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COVER LETTER

TO:	_	tration Section ion of Corporations				
SHRI	ECT:	RICOLA USA, INC.				
., () ()	1.01.	Name of	corporatio	n - m	ust include suffix	
Dear S	ir or M	adam:				
"Certif	ficate of	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to trai	f Good Sta	ndin	g" and check are submitt	
Please	return a	all correspondence concerning	g this matte	er to t	he following:	
MELIS	SSA HO	LMAN				
			Name of	f Pers	son	
FAND	L. LLC					
			Firm/Cor	mpan	y	
6375 S	. PECO	RD, SUITE 212				
			Add	ress		
LAS V	EGAS.	NV 89120				
			City/State	and 2	Zip code	_
MHOI	MAN@)FANDLTAX.COM				
		E-mail address: (to be used	for f	uture annual report notif	ication)
For fur	ther in	formation concerning this mat	ter, please	call:		
MELISSA HOLMAN		216 2		Daytime Telephone Number		
	Name	e of Person	Area Co	/ - de	Daytime Telephone	2 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	
Please i	make ch	check for the following amount ock payable to: FLORIDA DEP ing Fee S78.75 Filing Certificate of	ARTMEN Fee &	□ \$7] \$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.

			1 70 110		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)		
2. NEW JERSEY	3.	22-2775838		-	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
01/06/1987 4.	· 5.	(Date of duration, if other than per		_	
	of incorporation)	(Date of duration, if other than per	petual)		
6. 07/01/2021				_	
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
_ 6 CAMPUS DR.,	PARSIPPANY, NJ 07054			_	
1- <u></u>	(Principal off	ice street address)			
C/O FANDL, LL	C 6375 S. PECOS RD., SUITE 212, LAS VI				
	(Current maili	ng address, if different)			
				₹?	
8. Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)			
Name:	C T CORPORATION SYSTEM			哥	
Office Address:	1200 SOUTH PINE ISLAND ROAD			£ 28 TH 12:	
	PLANTATION	, Florida 33324 (Zip code)			
	PLANTATION (City)	(Zip code)			`
				: <u>:</u>	
designated in this	ent's acceptance: sed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	nent as registered agent and agree to de- relative to the proper and complete perfe			es,
	C T Corporation S	ystem Christine Kelm			
	(Registered agent's	Assistant Secretary			
		·			

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

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name: SUSAN S		
□Vice Chairman	Address:	□ Vice Chairman	Address: 6375 S	, PECOS RD.	
□Director	SUITE 212	□Director	SUITE 212		
□President	LAS VEGAS, NV	□President	LAS VEGAS, N	····	
□Vice President	89120	□Vice President	89120		
□Secretary	Treasurer	Secretary		□Treasurer	
■Other	Other	VICE PRI	ESIDEN	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	☐ Freasurer	□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 filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer					
/	Signature of Director o	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.

13. SUSAN SOPKO, VICE PRESIDENT

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

RICOLA USA, INC. 0100322821

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 06, 1987.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

WILLIAM HIGGINS
6 CAMPUS DRIVE
SUITE 205
PARSIPPANY, NJ 07054

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on January 14, 2021.

CHIEF EXEC. OFFICER (CEO) WILLIAM HIGGINS

526 HANFORD PLACE

WESTFIELD, NJ 07090

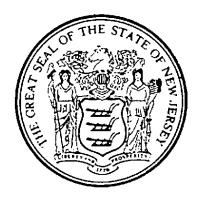
OTHER MARTIN MESSERLI

BASELSTRASSE 31

LAUFEN SWITZERLAND, NA

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

RICOLA USA, INC. 0100322821



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of September, 2021

Elizabeth Maher Muoio State Treasurer

Sluker Mun

Certificate Number : 6123346771

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FILED

JAN 6 1987

JANE BUPG'O

1)338046

CERTIFICATE OF INCORPORATION

0F

RICOLA USA, INC.

The undersigned, a person over eighteen years of age, for the purpose of forming a corporation pursuant to Title 14A of the New Jersey Statutes (the "New Jersey Business Corporation Act"), hereby certifies as follows:

- 1. The name of the corporation is RICOLA USA, INC.
- 2. The purpose for which the corporation is organized is to engage in any activity within the lawful business purposes for which corporations may be organized under the New Jersey Business Corporation Act.
- 3. The aggregate number of shares which the _____ corporation shall have authority to issue is two thousand five hundred (2,500), without par value.
- 4. The address of the corporation's initial registered office is 1 Jason Lane, Morris Township, New Jersey 07960, and the name of the registered agent at such address is Dan Ray Thomas.

0/101322821

5 The initial board of directors shall consist of three (3) directors and the names and addresses of the directors are

Hanspeter Richterich	In den Kurzen 11 4242 Laufen Switzerland
Erich Schneider	Alfred Scherrer-Strasse 2 4222 Zwingen Switzerland
Felix Richterich	Bildstoeckliweg 2 4144 Arlesheim Switzerland
6. The name—and address o	f the incorporator is:
Name	Address
Bernard J. Reverdin	100 Park Avenue New York, New York 10017

IN WITNESS WHEREOF, I have signed this Certificate of Incorporation this 31st day of December, 1986.

Bernard J. Reverdin