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	(Requestor's Name)
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PICK-UP	
	(Business Entity Name)
	(Document Number)
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S. ROBERTS MAR 0 2 2022

Incorporating Services, Ltd.

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1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

TO	Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051		FROM	Melissa Moreau mmoreau@incserv.com 850.656.7953
ORDER	TDATE, 3/2/2022 ENTITY oldings USA, Inc.	PRIORITY	Routine	OUR REF # (Order ID#), Megan
Ridian Ho	PERFORM THE FOLLOWING SERVICE oldings USA, Inc. le the attached qualification document a		ertified co	ру.

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NOTES:

\$78.75 Authorized

Email address for annual report reminders: nzara@gunder.com

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RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052

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Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

Ridian Holdings USA, Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp.")

Delaware	3.		
(State or coun	try under the law of which it is incorporated) 3.	(FEI number, if appl	icable)
2/18/22	5.		
(Date of incorporation) 5. (Date of duration, if other than per			
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502))
	(51.5 51.6 1 6.1 5 007.1 501 C 107.1 502.	, i as, to acternate penalty natinity	1
Ave. Gómez Mor	n Ext. 2111 Int. Local 37. Colonia Residencial de Chimmaire. Sa	n Pedro Garza García, Nuevo León, Mexico	Postal Code 66 297
Ave. Gómez Mor	n Ext 2111 Int Local 37, Colonia Residencial de Chipinque, Sa (Princinal office s		Postal Code 66297
Ave. Gömez Mor	n Ext 2111 Int Local 37, Colonia Residencial de Chipinque, Sa (Principal office g		Postal Code 66297
Ave. Gómez Mor	(Principal office		
Ave. Gómez Mor	(Principal office	street address)	
	(Principal office	street address) ddress, if different)	
	(Principal office s (Current mailing a	street address) ddress, if different)	TALLANAS
Name and <u>str</u> Name:	(Principal office <u>(Current mailing a</u> (Current mailing a cet address of Florida registered agent: (P.O. E	street address) ddress, if different)	TALLAHASS
Name and str	(Principal office s (Current mailing a eet address of Florida registered agent: (P.O. B Incorporating Services, Ltd. 1540 Glenway Drive	street address) ddress, if different)	ZUZZ FIAK – Z TALLAHAS

9. 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	Rogelio Andrés Sada Moreno	Chairman	Brian Willbur Name:				
□Vice Chairman	Address: Ave Gómez Morin Ext. 2111 Int. Local 37	□Vice Chairman	550 Allerton Street				
Director	Colonia Residencial de Chipinque	Director	Redwood City, CA 94063				
President	San Pedro Garza García	President					
□Vice President	Nuevo León, Mexico, Postal Code 66297	OVice President					
Secretary	Treasurer	Secretary	Treasurer				
Other	Other	Cther	Secretar DOther				
Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	Uvice Chairman	Address:				
Director		Director					
		President					
□Vice President		□Vice President					
	Treasurer	Secretary	□Tr c asurer				
DOther	Other	Other	Other				
□Chaiman	Name:		Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director					
		President	. <u></u>				
□Vice President		□Vice President	**************************************				
Secretary		Secretary					
[] 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 Ocpartment of State Annual Report form.							
12							
Signature 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.

13. Rogelio Andres Sada Moreno, President

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIDIAN HOLDINGS 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 FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIDIAN HOLDINGS USA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

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



Authentication: 202798874 Date: 03-01-22

6629363 8300 SR# 20220837725

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You may verify this certificate online at corp.delaware.gov/authver.shtml

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