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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT. TTS TECONJA TCI SHIPPI	NG NORTH AN	MERICA INC.	
SODA		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ding" and check are submitt	usiness in Florida." ed to register the
Please	return all correspondence concerni	ng this matter	to the following:	
Lisa Za	агго			
		Name of I	Person	
Registe	ered Agents Legal Services, LLC			
	-	Firm/Com	pany	
1013 C	Centre Road, Suite 403S			
		Addre	ess	
Wilmin	ngton, DE 19805			
		City/State at	nd Zip code	·
lzarro@	@inclegal.com			
	E-mail address	s: (to be used f	or future annual report notif	fication)
For fu	rther information concerning this n	natter, please c	all:	
Lisa Z	arro	800 at t	400-6650	
	Name of Person	Area Code	e Daytime Telephon	e 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	sed is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee S78.75 Filin Certificate	EPARTMENT ig Fee & — [OF STATE S78.75 Filing Fee & [Certified Copy	☐ \$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.

23. er the law of which it is incorporated) 5. corporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15220, New York, NY 10118 (Principal offi	(FEI number, if applicable) Perpetual (Date of duration, if other than perpetual) a Florida, if prior to registration) 502, F.S., to determine penalty liability) ce street address)	-
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15220, New York, NY 10118 (Principal offi	(Date of duration, if other than perpetual) a Florida, if prior to registration) 502, F.S., to determine penalty liability) ce street address)	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15220, New York, NY 10118 (Principal offi	(Date of duration, if other than perpetual) a Florida, if prior to registration) 502, F.S., to determine penalty liability) ce street address)	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 220, New York, NY 10118 (Principal offi	a Florida, if prior to registration) 502, F.S., to determine penalty liability) ce <u>street</u> address)	- - -
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 220, New York, NY 10118 (Principal offi	a Florida, if prior to registration) 502, F.S., to determine penalty liability) ce <u>street</u> address)	_ _ -
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 220, New York, NY 10118 (Principal offi	ce <u>street</u> address)	
220, New York, NY 10118 (Principal offi	ce <u>street</u> address)	
(Principal offi		_
•		_
(Current mailir	g address, if different)	-
). Box NOT acceptable) NOT acceptable)	FILE
5 Office Plaza Drive, Suite A		
llahassee	Florida 32301	
(City)	$(Zip code) \qquad \qquad \begin{array}{c} 35 \\ 57 \\ \hline \end{array} \qquad \qquad \begin{array}{c} 95 \\ 37 \\ \hline \end{array}$	D
s registered agent and to accept servi lication, I hereby accept the appoint ly with the provisions of all statutes r	ice of process for the above stated corporation at the nent as registered agent and agree to act in this cap relative to the proper and complete performance of i	e place pacity.
/s/ Lisa Zarro		
	egistered Agents Legal Services, ELC 5 Office Plaza Drive, Suite A dlahassee (City) acceptance: as registered agent and to accept servi lication, I hereby accept the appointn ly with the provisions of all statutes r h and accept the obligations of my po	(City) (City) Florida (City) (City) Seacceptance: Seacceptance: Seacceptance of process for the above stated corporation at the dication, I hereby accept the appointment as registered agent and agree to act in this capply with the provisions of all statutes relative to the proper and complete performance of the and accept the obligations of my position as registered agent.

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

☐Chairman Name:	□Chairman	Name:
□ Vice Chairman Address:350 Fifth Ave, Suite 5220	□Vice Chairman	Address: 350 Fifth Ave, Suite 5220
☐Director New York, NY 10118	□Director	New York, NY 10118
X President	□President	
□Vice President	□Vice President	
☐Secretary ☐Treasurer	(X)Secretary	□Treasurer
☐Other	□Other	□Other
□Chairman Name:Adam Brown	□Chairman	Name: Ralf Nortemann
□Vice Chairman Address: 350 Fifth Ave, Suite 5220	□Vice Chairman	Address: 350 Fifth Ave, Suite 5220
□ Director New York, NY 10118	⊠ Director	New York, NY 10118
☐ President	□President	
□Vice President	□Vice President	
□Secretary XTreasurer	□Secretary	□Treasurer
XlOtherOther	□Other	□Other
□Chairman Name: Marcus Schlapper	□Chairman	Name: Joel Paritz
□Vice Chairman Address: 350 Fifth Ave, Suite 5220		Address:350 Fifth Ave, Suite 5220
© Director New York, NY 10118	□Director	New York, NY 10118
□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 at individuals may be added to the index when filing your Florida Departs 12. Signature of Director The officer oridirector signing this document (and who is listed in nums she is aware that false information submitted in a document to the Departs	r or Officer ber 11 above) affirms (nat the facts stated herein are true and that he or
s.817.155, F.S. 13. Henry Roske		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TTS TECONJA TCI SHIPPING NORTH AMERICA

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-EIGHTH DAY OF

MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TTS TECONJA TCI SHIPPING NORTH AMERICA INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2020.

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



Authentication: 203027307

Date: 03-28-22