F22000003048

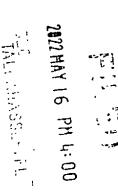
(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



800385985638

04/21/22--01013--008 **78.75



COVER LETTER

TO:		tration Section on of Corporation	3			
SUBJI	FCT.	UNIQBAG US Inc				
501551			Name of corporat	ion - mus	st include suffix	
Dear Si	ir or M	adam:				
"Certifi	icate of	Existence," or "C		Standing"	and check are sub	ct Business in Florida," mitted to register the
Please	return :	ıll correspondence	concerning this ma	tter to the	following:	
Margare	et Mars	in				
			Name	of Persor	1	<u> </u>
Parker I	Poe Ada	ims and Bernstein, L	LP			
			Firm/C	Company		
1221 M	ain Stre	et, Suite 1100				
			A	ddress		
Columb	oia, SC	29201				
			City/Sta	te and Zip	code	
margare	etmarsti	n@parkerpoe.com				
		E-ma	il address: (to be us	ed for fut	ure annual report r	notification)
For fur	ther inf	ormation concerni	ng this matter, plea	se call:		
Margaro	Margaret Marstin at (255-8000)					
	Name	e of Person	Area (Code	Daytime Telep	hone 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			
	nake ch	ng Fee 🔲 \$78	wing amount: PRIDA DEPARTME 3.75 Filing Fee & rtificate of Status	3 \$78.	TATE 75 Filing Fee & ified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ONIQUAG GG I	nc.		
(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)
·		46-4337072	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
December 2, 201	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
-	(Date first transacted business in		
1110 SW 28th Str	eet, Cape Coral, FL 33914	02, F.S., to determine penalty liability)	
	· · · · · · · · · · · · · · · · · · ·	ce street address)	
	(Fillelpat Offic	e <u>street</u> address)	
	(Current mailin	g address, if different)	
	`	,	
Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	
			<i>⇔</i> ≥
	Cogency Global INC.	·	بر ب ا
Name:		<u>—</u>	122 HA EC. Tall
Name:	115 N Calhoun Street #4	<u>—</u> —	IZZ HAY I
Name:	115 N Calhoun Street #4 Tallahassee	, Florida	2022 HAY 16 ELC. TALLAHAS
Name:	115 N Calhoun Street #4	, Florida 32301 (Zip code)	Sign PM
Name: ffice Address:	Tallahassee (City)	, Florida	Ž r.
Name: Office Address: Registered age laving been nam lesignated in this urther agree to co	115 N Calhoun Street #4 Tallahassee	, Florida (Zip code) ce of process for the above stated coment as registered agent and agree elative to the proper and complete	orporation at the die to act in this capacit

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.

^{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	Gideon Manuel Goerts Name:
☐ Vice Chainnan	Drosselweg 3	☐ Vice Chainnan	16030 Arthur Street
■ Director	40764 Langenfeld	■ Director	Cerritos, California 90703-2110
≅ President	Germany	□President	
□Vice President		□Vice President	
■ Secretary	Treasurer	□ Secretary	☐1 reasurer
Other	Other	□Other	Other
□Chuirman	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 Chainnan	Address:	☐Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□ Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer
Other	Other	□ Other	Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm		
12.	Signature of Director	of Officer	
	ector signing this document (and who is listed in numb false information submitted in a document to the Depar S.S.	rtment of State constit	
13.	Gidmu E	2.froce	



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

DELAWARE, DO HEREBY CERTIFY "UNIQUAG US 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 EIGHTEENTH DAY OF APRIL, 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 "UNIQUAG US INC."

WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2013.

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

Authentication: 203202195

Date: 04-18-22