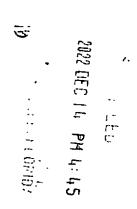
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	(Requestor's N	lame)
	(Address)	
	(Address)	
	(City/State/Zip	Phone #)
PICK-U	P ∏ WA	IT MAIL
	(Business Enti	ty Name)
	(Document Nu	mber)
Certified Copies	Certi	ficates of Status
Special Instructions	s to Filing Office	er:
Special instructions	s to Filing Office	21.

Office Use Only



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COVER LETTER

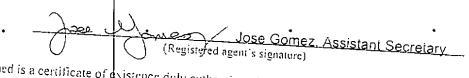
TO: Registrati Division o	on Section f Corporations		
SUBJECT: SID			
	Name of corporation - must include suffix		
Dear Sir or Madan			
The enclosed "App "Certificate of Exis above referenced for	lication by Foreign Corporation for Authorization to Transact Business in Florida." tence." or "Certificate of Good Standing" and check are submitted to register the reign corporation to transact business in Florida.		
Please return all co	respondence concerning this matter to the following:		
Helen Zhang	dis maner to the following:		
	Name of Person		
Orcom US Inc.			
	Firm/Company		
60 Broad Street, STE	3502		
New York, NY 10004	Address		
	City/State and Zip code		
administration@orcon			
	E-mail address: (to be used for future annual report notification)		
For further information	on concerning this matter, please call:		
Helen Zhang	at (⁶⁴⁶) 356-0488		
Name of Per	son Area Code Daytime Telephone Number		
Registration S Division of C The Centre of	Tallahassee pe Street, Suite \$10 Pegistration section Division of Corporations P.O. Box 6327 Tallahassee P.O. Box 6327		
Enclosed is a check for Please make check payat	the following amount: le to: FLORIDA DEPARTMENT OF STATE S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee. Certificate of Status Certified Copy 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.

i. SIDETRA		- 110111(2.8)	CT BOSINESS IN THE STATE C	OF FLORIDA
(Enter name "Inc.," "Co.	of corpora	tion: must include "INCORPORAT Inc." "Co." or "Corp.")	ED." "COMPANY." "CORPORA"	TION."
4. 01/09/2020	mtry under 	and take of which it is incorporated)	(FEI number, if	
6. C7:01/2022	ate of incor	, 	(Date of duration, if other	or than perpetual)
7. 60 Broad Street	, STE 3502	New York, NY 10004	in Florida, if prior to registration) 502, F.S., to determine penalty liabi ce street address)	ility)
			g address, if different)	
8. Name and <u>stret</u> Name:	Paracorp	of Florida registered agent: (P.O. Incorporated	Box NOT acceptable)	2022 DEC
Office Address:	i 33 Offic	e Plaza Drive, Isi Floor		<u> </u>
Registered agen	Tallahass	(City)	. Florida ³²³⁰¹ (Zip code)	PH 4: 45

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

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

DocuSign Envelope ID: C4856CE4- 589-4998-9A8A-C267A50E9A02

S			
Name: _	HILIPPE GANGNEUX	∏Chui	
Address:	60 BROAD STREET, STE 3502		Name:
NEW YO	RK, NY 10004		Address:
		□ Secretary	☐ Treusurer
	DOther	□Other	Other
Name			
		□Chairman	Name:
viodiess:		□ Vice Chairman	Address:
		Director	
	•	□President	•
		□Vice President	
	□Treasurer	□ Secretary	☐Treasurer
	□Other	⊡Other	
_		□Chairman N	ame:
ldress:		_	ddress:
		☐ Director	
		_	
	□Treasurer	_	
		•	☐ Treasurer
			
n attachme d to the inc	nt to report more than six (6). The atta lex when fifing your Florida Departme Document by	chinent will be imaged for int of State Annual Report	reporting purposes only. Non-indexed form.
_ , _ ,	Signatur officialoro	r.Qllicer	
ormation s	locument (and who is listed in number ubmitted in a document to the Departr	11 above) affirms that the nent of State constitutes a t	facts stated herein are true and that he or hird degree felony as provided for in
NEUX, d	FO		
(Typed	or printed name and capacity of person	n signing application)	
	Name:	HILIPPE GANGNEUX Address: 60 BROAD STREET, STE 3502 NEW YORK, NY 10004 Treasurer	HILIPPE GANGNEUX Address: Address:

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SIDETRADE, 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 THIRD DAY OF OCTOBER, A.D. 2022.

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

• AND I DO HERBBY FURTHER CERTIFY THAT THE SAID *SIDETRADE, INC."•
WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Authentication: 204533323

Date: 10-03-22

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