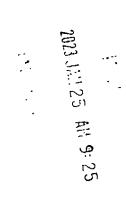
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S. ROBERTS

JAN 2 6 2023

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE <u>01/24/2023</u>		**WALK IN**
ENTITY NAME CL	EANF USA CORP	
DOCUMENT NUMB	ER	
	**PLEASE FIL	LE THE ATTACHED AND RETURN**
XXXXXX	Plaix Copy	
	Certified Copy	
	Certificate of Sta	tas estas esta
	Certified Copy of Certified Copy of Certificate of Sta	THE FOLLOWING FOR THE ABOVE ENTITY ***  Arts & Amendments  Arts & Amendments Complete File (Inclading Annual Reports)  tas  tas Reflecting:
	**APOSTILL	E' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTI NUMBER OF CERTIF	NATION ICATES REQUESTED_	
TOTAL OWED \$ 70		ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.  For any issues or concerns, Thank you so much!
Please call Tina a	t the above number l	for any issues or concerns. Thank you so much!

## 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.

	orporation; must include "INCORPORATED, orp," "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATIO	.,nC
inc., Co., Co	orp, inc. Co. or Corp. )		
<del>70 1</del>		1 . 16 . 4	ing kanjang in Klarida)
	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
DELAWARE	y under the law of which it is incorporated)	(DEL	namicable)
01/19/2023	5. of incorporation)	/Data of duration if other	er than normatual)
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1		ility)
66 White Street, S	Suite 501 New York, New York 10013		
		ice street address)	
			2
	(Current mailin	ng address, if different)	2023 JEN 25
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	25
Name:	United Corporate Services, Inc.		2
ffice Address:	3458 Lakeshore Drive		<u>۽</u>
mee Address.	Tallahassee	32312	- 25
	(City)	, Florida 32312 (Zip code)	
		, ,	
Registered age	ent's acceptance: ed as registered agent and to accept serve	ico of process for the above stat	ed cornoration at the
esignated in this	application, I hereby accept the appoints	nent as registered agent and ag	ree to act in this capa
urther agree to co	omply with the provisions of all statutes i	relative to the proper and compl	lete performance of m
nd I am familiar	with and accept the obligations of my po	sition as registered agent.	
_	<u>James Nash</u> (Registered agent's s	ignature)	
	•		
O Attached is a	certificate of existence duly authenticated.	not more than 00 days price to	delivery of this applica

under the law of which it is incorporated.

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

## A. DIRECTORS Paola Mazzoletti Roberto Caspani □ Chairman □Chairman 66 White Street, Suite 501 66 White Street, Suite 501 □Vice Chairman Address: □ Vice Chairman Address: New York, New York 10013 New York, New York 10013 Director □ Director President □ President □ Vice President □Vice President Treasurer □ Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Mario Gazzola □Chairman Name: □ Chairman Name: 66 White Street, Suite 501 Address: □Vice Chairman □Vice Chairman Address: New York, New York 10013 □ Director □ Director □President □President □ Vice President ☐ Vice President □ Treasurer □ Secretary Treasurer ■ Secretary □Other \_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ Director Director ☐ 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 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. /s/ Mario Gazzola 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. Mario Gazzola, Secretary

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CLEAF USA CORP." 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-FOURTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEAF USA CORP."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2023.

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

Authentication: 202563528

Date: 01-24-23