

F23000001503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

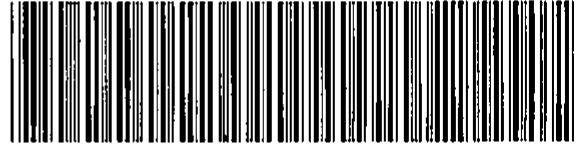
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 14 PM 3:21
DIVISION
OF REVENUE
FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/14/2023

Acc#I20160000072

W: C D W

Name:	BNP Paribas Securities Corp.
Document #:	
Order #:	14823831

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notificat

kelly.rice@us.bnpparibas.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BNP PARIBAS SECURITIES CORP.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelly Rice Moye

	Name of Person	
BNP Paribas		
	Firm/Company	
787 Seventh Avenue - Legal Department		
	Address	
New York, NY 10019		
	City/State and Zip code	
kelly.rice@us.bnpparibas.com		
	E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Kelly Rice Moye	at (917)	213-0737
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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**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.*

1. BNP Paribas Securities Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 2043602 810011
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 7, 1984 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 787 Seventh Avenue, New York, NY 10019
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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.

C T Corporation System- Sherry McGinnes, Assistant Secretary

By: Sherry McGinnes
(Registered agent's signature)

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: Robert Hawley
☐ Vice Chairman Address: 787 Seventh Avenue
New York, NY 10019
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Philippe Ricard
☐ Vice Chairman Address: 787 Seventh Avenue
New York, NY 10019
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

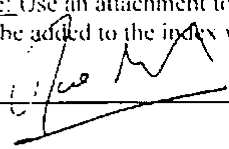
☐ Chairman Name: Stephane Xhayet
☐ Vice Chairman Address: 787 Seventh Avenue
New York, NY 10019
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other

☐ Chairman Name: Richard Ferguson
☐ Vice Chairman Address: 787 Seventh Avenue
New York, NY 10019
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Joe Bonnaud
☐ Vice Chairman Address: 787 Seventh Avenue
787 Seventh Avenue
New York, NY 10019
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ 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.

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. Joe Bonnaud, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BNP PARIBAS SECURITIES 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 FOURTEENTH DAY OF MARCH, A.D. 2023.

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

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



2043602 8300

SR# 20230984960

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202912287

Date: 03-14-23