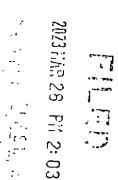
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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US 411/1/23

COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	MAISON VIANCIN USA II	NC.		
	Name	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stand	ing" and check are sub	
Please return	all correspondence concern	ing this matter t	o the following:	
GHISLAIN NO	OS			, 2
		Name of P	erson	123
FIDUCIAL JA	DE INC.			
	=	Firm/Comp	any	28
990 BISCAYN	SE BLVD, OFFICE 701			2 P 1
		Addres	S	22 2
MIAMI, FL 33	3132			
		City/State and	d Zip code	<u> </u>
CONTACTMI	A@JADE-FIDUCIAL.COM	·	·	
	E-mail address	s: (to be used fo	r future annual report n	otification)
For further in	formation concerning this n	natter, please ca	11:	
GHISLAIN NO	OS	305 at (5790220 EXT 4206	
Name	e of Person	Area Code	Daytime Telepl	none Number
Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	check for the following amorek payable to: FLORIDA Doing Fee	EPARTMENT (ig Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

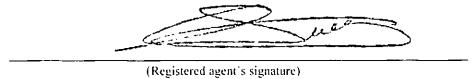
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	·	-	ted for the purpose of transacting b		
DELAWARE	ry under the law of which it is incorporated)	3	92-1457503 (FEI number, if applicable)		
	y under the law of which it is incorporated)		(FEI number, if applie	cable)	
12/16/2022	e of incorporation)	5	<u> </u>		
(Date of incorporation)			(Date of duration, if other than	n perpetual)	
			<u>. </u>	<u> </u>	
	(Date first transacted busines		rida, if prior to registration) F.S., to determine penalty liability)		
000 RISCA VNE	BLVD, OFFICE 701, MIAMI FL 33132	7.13W2. I	i.s., to determine penalty habitity j		
//O DISCATIVE			<u> </u>		
		affina co	mont addragal	:	
	(Principal)	office <u>st</u>	<u>reet</u> address)	2023,	
				0231:15	
· · · · · · · · · · · · · · · · · · ·			reet address) dress, if different)	0023 FAR 28	
	(Current ma	iling add	dress. if different)	28 	
Name and stre	(Current ma et address of Florida registered agent: (I	iling add	dress. if different)	28 	
Name and <u>stre</u> Name:	(Current ma	iling add	dress. if different)	28 	
Name:	(Current ma et address of Florida registered agent: (I	iling add	dress. if different)		
Name:	(Current ma et address of Florida registered agent: (I FIDUCIAL JADE INC. 990 BISCAYNE BLVD, OFFICE 701	iling add	dress, if different) ox NOT acceptable)	28 	
	(Current ma et address of Florida registered agent: (I FIDUCIAL JADE INC.	iling add	dress. if different)	28	

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.



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.

A. DIRECTORS CHARLES VIANCIN □Chairman Name: □ Chairman Name: 990 BISCAYNE BLVD ☐ Vice Chairman Address: □ Vice Chairman Address: ______ OFFICE 701, MIAMI, FL 33132 ■ Director □ Director □President □President □ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer CEO ☐Other □Other ____ □Other _____ □Other ______ Name: ____ □ Chairman □ Chairman ☐ Vice Chairman □ Vice Chairman Address: Address: ____ □ Director □Director □President □President □Vice President □Vice President □ Secretary □ Secretary □Treasurer □Other ___ □Other _____ □Other _____ □Other □ Chairman Name: ☐ Chairman Name: _____ Address: _____ ☐ Vice Chairman □Vice Chairman Address: □ Director □ Director □President □ President □ Vice President _____ □ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other ____ □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. 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. CHARLES VIANCIN, CEO

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAISON VIANCIN USA 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 FEBRUARY, 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 SAID "MAISON VIANCIN USA INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER, A-D.

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

Authentication: 202806172

Date: 02-28-23

7193557 8300

SR# 20230780932