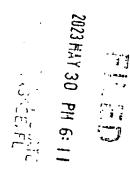
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(Requestor)	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
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S. FRAN (LIN 111N - 2 202)

COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJ	FCT·	Sequoia Management, Inc.			
110150		Name	of corporation - r	must include suffix	
Dear S	ir or M	adam:			
"Certif	îcate o	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to t	of Good Standing	ig" and check are submi	Business in Florida." tted to register the
Please	return :	all correspondence concern	ing this matter to	the following:	
Erik Lu	ugin				
			Name of Per	son	
Sequoi	a Mana _l	gement, Inc.			
			Firm/Compa	ny	
5197 N	W 15th	St. Suite 112			
			Address		
Margat	e, FL 3,	3063			
			City/State and	Zip code	
erik.lug	gin@tlo	orcoveringsinternational.com			
		E-mail addres	s: (to be used for	future annual report not	ification)
For fur	ther in	formation concerning this n	natter, please call	:	
Erik Li	ıgin	at ()			
	Name	e of Person	Area Code	Daytime Telephor	ne 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 ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
Please i	nake ch	check for the following ameck payable to: FLORIDA D ng Fee \$78.75 Filir Certificate	EPARTMENT OF Signature 1981 1982		□ \$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.

1. SEQUOIA MA	NAGEMENT, Inc.			
	corporation; must include "INCORPORATEI forp." "Inc.," "Co.," or "Corp.")	D," "COMPANY," "CORPORATION,"		
Sequoia Manag	ement FL, Inc.			
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busi	ness in Florida)	
2. MASSACHUS	ETTS	61-2000294 3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	le)	
4. 8/4/2021	5	5		
(Date of incorporation) (Date of		(Date of duration, if other than po	of duration, if other than perpetual)	
6.			20	
-		s in Florida, if prior to registration)	2023 HAY 3D	
< D100400000		.1502, F.S., to determine penalty liability)	HAY	
7. 6 DUNMORE C	T, LENOX, MA 01240		<u>ω</u>	
	· •	ffice street address)	77	
5197 NW 15th S	st. Suite 112, Margate, FL 33063			
	(Current mai	ling address, if different)	6: 11	
8. Name and street	et address of Florida registered agent: (P	P.O. Box NOT acceptable)		
Name:	Erik Lugin			
Office Address:	5197 NW 15th St. Suite 112			
	Margate	. Florida <u>33063</u>		
	(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.

(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.

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 5197 NW 15th St. Suite 112	□Vice Chairman	Address: 5197 NW 15th St. Suite 112			
□Director	Margate, FL 33063	■Director	Margate, FL 33063			
■ President		□President				
□Vice President		□ Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	□Other	□ Other			
			Calle Laurin			
□Chairman	Name: Erik Lugin	□Chairman	Name: Erik Lugin			
□Vice Chairman	Address: 5197 NW 15th St. Suite 112	□Vice Chairman	Address: 5197 NW 15th St. Suite 112			
□Director	Margate, FL 33063	□Director	Margate, FL 33063			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	■ Secretary	□Treasurer			
■Other	□Other	□Other	Other			
			Caile tomain			
□Chairman	Name: Erik Lugin	□Chairman	Name:			
□ Vice Chairman	Address: 5197 NW 15th St. Suite 112	□Vice Chairman	Address:Address:			
□ Director	Margate, FL 33063	□Director	Margate, FL 33063			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	■ Treasurer	□Secretary	☐ Treasurer			
□Other	□Other	□Other CFO	□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	Signatury of Director of	r 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 8.817.155, F.S. Erik Lupin (Typed or printed name and capacity of person signing application)						
(Typed or printed name and capacity of person signing application)						



The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston. Massachusetts 02138

May 8, 2023

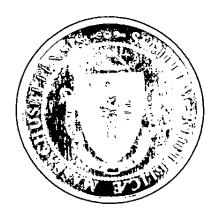
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office.

SEQUOIA MANAGEMENT, INC.

is a domestic corporation organized on **August 4**, **2021**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: BOD

In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travers Galein



May 16, 2023

ERIK LUGIN 5197 NW 15TH ST STE 112 MARGATE, FL 33063 US

SUBJECT: SEQUOIA MANAGEMENT, INC.

Ref. Number: W23000070663

We have received your document for SEQUOIA MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 023A00011210

