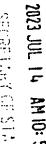
F23000004107

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Ö	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fit	ing Officer:	

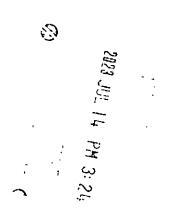
Office Use Only



800411827448



APPROVED AND FILED



..... 1 5 2023 Brurnbi≠y CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 07/14/23 Order #: 1233492-1

Re: Arrow Shipbroking Usa Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

-	ration Sect on of Corp				
	•	broking USA Inc.			
SUBJECT:		Name of c	orporation - 1	nust include suffix	<u> </u>
Dear Sir or Ma	ıdam:				
"Certificate of	Existence,	n by Foreign Corpo or "Certificate of corporation to trans	Good Standi	ng" and check are sub	ct Business in Florida," mitted to register the
Please return a Lisa K. Little	ll correspo	ndence concerning	this matter to	the following:	
			Name of Pe	rson	
Kaufman Rossi	n				
3310 Mary Stre	et. Suite 50	1. Miami, Florida 331	Firm/Compa	ny	•
		_	Address		
Miami 33133					
	-	C	City/State and	Zip code	
iklittle@kaufm	anrossin.coi				
		E-mail address: (t	o be used for	future annual report i	notification)
For further inf	ormation c	oncerning this matt	er, please cal	l:	
Lisa K. Little		305	8576784		
Name	of Person	at	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for t	ne following amour	it:		
■ \$70.00 Fili	ing Fee	S78.75 Filing F Certificate of S		\$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.

	rporation; must include "INCORPORATED," "C rp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"	 	
(If name unavaila	ble in Florida, enter alternate corporate name adop		business in Florida)	
Delaware	93- 3.	2030848		
fune 20, 2023		(FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(SEE SECTIONS 607.1501 & 607.1502, Suite 501, Miami, Fl 33133) 	
3310 Mary Street	(Principal o Suite 501, Miami, Fl 33133	ffice address)		
. Name and stree	(Current mailing act address of Florida registered agent: (P.O. B) Corporation Service Company	ldress, if different) ox NOT acceptable)	PILED SECRETARY OF STATE SECRETARY OF STATE	
Office Address:	1201 Hays Street	_	7	
5 mee 7 man ees.	Tallahassee		₹ <u>.</u> 22	
	(City)	(Zip code)		
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relations with and accept the obligations of meanitiar with and accept the obligations of meanitians. Associated Vice Provisions of Meanity Vice Provisions of Meani	t as registered agent and agree tive to the proper and complete y position as registered agent.	e to act in this capacity.	

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. Names and business addresses of officers and/or directors:

A. DIRE	ECTORS
Chairman:	
Address:	
_	
Vice Chai	rman:
Address:	
Director:	Nicholas Martin Ball
	3310 Mary Street, Suite 501, Miami, FL 33133
Address:	
Diwastam	Jeremy George Palin
	3310 Mary Street, Suite 501, Miami, FL 33133
Address:	
B. OFF	ICERS
President	:
Address:	
Vice Pres	sident:
Address:	
Secretary	
_	
	r:
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
NOTE:	Signature of Director or Officer
The offi	icer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes degree felony as provided for in s.817.155, F.S.
13	(Typed or printed name and capacity of person signing application)
<u> </u>	(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "ARROW SHIPBROKING 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 FOURTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARROW SHIPBROKING USA INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2023.

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



Authentication: 203748608

Date: 07-14-23

7523862 8300 SR# 20232998295