Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter an	the	email	address	for	this	busin	ess	entity	to	be	used	for	fuţ	uné .
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FOREIGN PROFIT/NONPROFIT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

6WIND USA, INC.

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

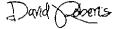
IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

To: 18506176380

PANY," "CORPORATION,"				
for the purpose of transacting business in Florida)				
) (FEI number, if applicable)				
(Date of duration, if other than perpetual)				
. if prior to registration) , to determine penalty hability)				
[address)				
s, if different)				
NOT acceptable)				
ν				
Florida 33702				
(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.

Fax: 8134365206 11/8/2023 12:13:24 PST To: 18506176380 Page: 3/4 From: Registered Agents Inc. A. DIRECTORS

Chairman	Name:	□ Chairman	Name;
□Vice Chairman	Address:	□Vice Chairman	Address:
☑Director	3 Avenue des Pres	□ Director	3 Avenue des Pres
☑ President	Montigny-le-Bretonneux Ite-de-France 78180	□President	Montigny-le-Bretonneux IIe-de-France 78180
□Vice President		□Vice President	
Secretary	□Treasurer	Z Secretary	□Treasurer
Other	Other	Other	Other
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Name: Ducousso, Guilfaume Immeuble Le Carre Address: 3 Avonuo dos Pros Montigny-le-Bretonneux Ile-de-France 78180 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name:Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name:Address:
□Other	□Other	□Other	Other
	Use an attachment to report more than six (6). The atta- added to the index when filing your Florida Departm Signature of Director	ent of State Annual Re	

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. Guillaume Ducousso

11/8/2025 12:13:24 PST To: 18506176380 Page: 4/4 From: Registered Agents Inc Fax: 8134365206



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: 6WIND USA, INC.

Entity No.: 2952850 **Registration Date:** 02/14/2008

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 02, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 156419329

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.