F23000006951

(Requestor's Name)
(Address)
(Address)
(radioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
(Document Nomber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ,

Office Use Only



300419924443

2023 DEC 18 PH 5: 24

RECEIVED 2023 DEC 18 PH 3: 21

DEC 18 2023

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME Anti	quorum Auctioneers	** <i>WALK IN</i> * USA Inc.		
DOCUMENT NUMB	ER			
	PLEASE FILE	THE ATTACHED AND RETURN		
××××××××	Plaix Copy			
	Certified Copy			
· · · · · · · · · · · · · · · · · · ·	Certificate of Status	e		
	PLEASE OBTAIN TH	IE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments			
	Certified Copy of Ai	rts & Amendments Complete File (Inclading Annual Reports)		
	Certificate of Status			
	Certificate of Status	s Reflecting:		
	APOSTILLE",	/ NOTARIAL CERTIFICATION		
OUNTRY OF DESTII	NATION			
	ICATES REQUESTED			
TOTAL OWED \$ 70.	.00	ACCOUNT # 120140000108 Cuthy United Corporate Services, Inc. Thank you so much!		

COVER LETTER

	tration Section ion of Corporati	ons				
SUBJECT:	Antiquorum Au	tioneers USA Inc.				
y		Name of corporat	ion - mu	st include suffix		
Dear Sir or M	iadam:					
'Certificate o	f Existence," or	Foreign Corporation is "Certificate of Good Sociation to transact bus	tanding	and check are subline	usiness in Florida," ted to register the	
Please return	all corresponde	nce concerning this ma	tter to th	e following:		
Suzanne Wuer	rsch					
		Name	of Perso	on		
WG Service P	artners LLC					
		Firm/0	Company	<i>'</i>		
100 Wall St.,	i Oth Fl.					
	· ·	A	ddress			
New York, N'	Y 10005					
		City/Sta	te and Z	ip code		
suzanne.wuer	sch@wg-law.con	ı			<u> </u>	
· · · · · ·	E	mail address: (to be us	ed for fi	iture annual report not	nçanon)	
For further in	nformation conc	erning this matter, plea	se call:			
Suzanne Wue	rsch	at (212_) :	509-0090	3-0090	
Nam	ne of Person		Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a Please make o	check payable to:	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 78.75 Filing Fee & ertified 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.

1 Antiquorum Auc	tioneers USA Inc.		
(Enter name of co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
"Inc.," "Co., "Co	rp, me, co, or corp. /		
(If name unavaila	ole in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	n Florida)
2. Delaware		92-0923903	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4 10/25/2022	5.	(Date of duration, if other than perpetu	
(Date	of incorporation)	(Date of duration, if other than perpetu	al)
6.			
 -	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7, c/o WG Service P	artners LLC, 100 Wall Street, 10th Floor, Nev	w York, NY 10005	
	(Principal off	ice <u>street</u> address)	
			202
	(Current mailin	ng address, if different)	30 €
8. Name and stree	t address of Florida registered agent: (P.G	O. Box NOT acceptable)	73 DEC 18
Name:	United Corporate Services, Inc.	<u> </u>	
	24504 L. L. Drive		် လို
Office Address:	3458 Lakeshore Drive		24
	Tallahassee	, Florida <u>32312</u>	
	(City)	(Zip code)	
9. Registered ago	ent's accentance:		
Harriso bear war	ad as vegistered agent and to accent serv	ice of process for the above stated corporat	ion at the place
decimated in this	application. I hereby accept the appoint	ment as registered agent and agree to act in relative to the proper and complete perform	i mis capacity.
further agree to c and I am familian	omply with the provisions of all statutes with and accept the obligations of my p	osition as registered agent.	, , , , , , , , , , , , , , , , , , ,
	Michael A.	Barr	
_	(Registered agent's	signature)	
	<i>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </i>		.1 'liandia 4-

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 Name: Suzanne Wuersch Name: Giulio De Lucia □ Chairman □ Chairman Address: WG Service Partners LLC □Vice Chairman Address: 3 Rue Du Mont-Blanc □Vice Chairman 100 Wall Street, 10th Floor Geneva, 1201, Switzerland □ Director Director New York, NY 10005 ☐ President President ☐ Vice President □Vice President _____ □Treasurer Treasurer **■** Secretary ☐ Secretary ☐ Other _____ Other _____ □Other ______ □Other _____ Name: _____ □ Chairman Chairman Name: Address: ______ ☐ Vice Chairman □Vice Chairman Address: _______ Director □Director □ President □ President ☐Vice President □Vice President Treasurer Treasurer □ Secretary □ Secretary ☐ Other □Other ____ □Other ___ □Other _____ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: ☐ Director ☐ Director President ☐ President □Vice President □Vice President □ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ANTIQUORUM AUCTIONEERS 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 EIGHTEENTH DAY OF DECEMBER,

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 "ANTIQUORUM AUCTIONEERS USA INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204841298

Date: 12-18-23

7101366 8300 SR# 20234254211