	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Dertified Copies	_ Certificates of	Status
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JAN 23 2024

K. Brumbley



iis N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: _	01/23/2024					
Name:	CHRIS	-				
Refere	nce #: 2241944	_				
Entity N	ame: INALCO USA INC.					
	Articles of Incorporation/Authorization					
	Amendment					
	☐ Change of Agent					
	Reinstatement					
	Conversion					
	Merger					
	Dissolution/Withdrawal					
	Fictitious Name					
√	Other CERTIFIE	D COPY UPON FILING				
Authorized Amount: \$78,75 Signature						

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.	INALCO USA INC.					
	(Enter name of corporation; must include "INCORPORATED" "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp."))," "COMPANY," "CORPORATION,"				
	(If name unavailable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)				
2.	NEW YORK	81-3843231				
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)				
4.	09/02/2016					
	(Date of incorporation)	(Date of duration, if other than perpetual)				
6.						
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
7	1460 Broadway, Suite 602					
<i>'</i>	(Principal of	ffice street address)				
_	(Current mail	ing address, if different)				
	N	0.5. 1105				
8.	Name and <u>street address</u> of Florida registered agent: (P.	.O. Box NOT acceptable)	200			
	Name: Cogency Global Inc.		<u> </u>			
Of	fice Address: 115 North Calhoun Street, Suite	4	2024 JAN			
	Tallahassee, Florida	, Florida(Zip code)	23			
	(City)	(Zip code)	PH			
9.	Registered agent's acceptance:	: : <u>:</u> : .	5			
Ha	wing been named as registered agent and to accept serv	vice of process for the above stated corporation at the pla	ce⊃			
		tment as registered agent and agree to act in this capacity relative to the proper and complete performance of my d				
	d I am familiar with and accept the obligations of my p					
	/s/ David Feins, Assistant Secreta	ary				
	(Registered agent's	· for				

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	FRANCISCO RICO BENSUSAN		VICENTE LOPEZ DIEZ				
□ Chairman	Name:1460 Broadway, Ste 6025	□ Chairman	Name:1460 Broadway, Ste 6025				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	NEW YORK, NY 10036	Director	NEW YORK, NY 10036				
□President		☐ President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	FRANCISCO RICO BENSUSAN	□ Chairman	Name: VICENTE LOPEZ DIEZ				
ClVice Chairman	1460 Broadway, Ste 6025	□Vice Chairman	1460 Broadway, Ste 6025				
Director	NEW YORK, NY 10036	Director	NEW YORK, NY 10036				
□President		President					
□Vice President		□Vice President					
■ Secretary	Treasurer	☐ Secretary	☐ Freasurer				
□Other	Other	Other	Other				
□ Chairman	Name:	□ Chairman	Name:				
Chairman							
∐Vice Chairman	Address:	□ 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 Dapartment of State Annual Report form.							
12. Signature of Director of 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. FRANCISCO RICO BENSUSAN, DIRECTOR							

(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: INALCO USA INC.

DOS 1D Number: 5003103

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/02/2016

Statement Status: CURRENT Statement Due Date: 09/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this emity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 23, 2024 at 03:32 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydro

By Brendan C. Hughes Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov