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COVER LETTER

TO:	Registration of	on Section f Corporations					
SUBJ	ECT: iSA	M Securities (USA	a) Inc.				
OOD				ion - mi	ist include suffix	•	
Dear S	Sir or Madam	1:					
"Сепі	ficate of Exis		ificate of Good S	tanding	" and check are sub	ct Business in Florida," mitted to register the	
Please	return all co	orrespondence co	ncerning this ma	tter to tl	ne following:		
Stefan	ia Coppola						
			Name	of Pers	on		
iSAM	Securities (U	SA) Inc.					
			Firm/C	ompany	/		
5100	Town Centre C	Circle, Tower II, Su	uite 430,				
			Ad	ldress			
Boca I	Raton, Florida	, 33486, Unites Sta	ates of America				
-			City/Star	e and Z	ip code		
stefan	a.coppola@is	am.com					
		E-mail a	ddress: (to be us	ed for fu	iture annual report r	notification)	
For fu	rther informa	ation concerning	this matter, plea	se call:			
Stefania Coppola at (at (Code) (0) 207258 8367 Daytime Telephone Number			
	Name of F	Person	Area	Code	Daytime Telepi	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		k for the followin		NT OF	STATE		
	0.00 Filing F	ee 🗆 \$78.75	5 Filing Fee & Teate of Status	□ \$78	3.75 Filing Fee & rtified 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.

(If name unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)	
2. Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 6 January 2017	of incorporation) 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. 1 January 2024				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)		
7 5100 Town Centi	re Circle, Tower II, Suite 430, Boca Raton, Florida	a, 33486, Unites States of America	. ~	
	(Principal office			
5100 Town Cent	re Circle, Tower II, Suite 430, Boca Raton, Florid	a, 33486, Unites States of America	: rsi	"[]
	(Current mailing a	iddress, if different)		- 3.733 1
8. Name and street Name: Office Address:	United Corporate Services, Inc. 3458 Lakeshore Drive	Box <u>NOT</u> acceptable)	17 MIN: 12	9100
Office Address.	Tallahussee	, Florida <u>32312</u>		
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointmer omply with the provisions of all statutes rela with and accept the obligations of my positi	nt as registered agent and agree to tive to the proper and complete po	act in this capacit	y. I

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 Scott Brownbill Jeff Wilkins ☐ Chairman □Chairman 16807 Burlington Bristol Lane 1192 Dogwood Meadows Drive □Vice Chairman Address: □Vice Chairman Address: Delray, 33446 Ada, Michigan, 49301 ■ Director ■ Director □ President □ President ☐ Vice President □Vice President □Treasurer ☐ Secretary Treasurer □ Secretary □Other _____ □Other _____ Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: _____ Address: ____ □Vice Chairman Address: _____ □ Vice Chairman □ Director □ Director □ President □ President □Vice President _____ □ Vice President ☐ Secretary Treasurer □ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □Chairman Name: _____ Name: ☐ Vice Chairman □Vice Chairman Address: ______ Address: □ Director Director President □ President □ Vice President □ Vice President □ Treasurer ☐ Secretary □ Treasurer □ Secretary □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. And Robbill. 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.

3 Scott Brownbill - Director

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ISAM SECURITIES (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 THIRTEENTH 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 "ISAM SECURITIES (USA) INC." WAS INCORPORATED ON THE SIXTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 204800098

Date: 12-13-23