F24000002769

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

Office Use Only



700429064987

05/02/24--01026--008 **78.75

COVER LETTER

TO:	Registration Section Division of Corporations				
SURI	ECT: WILMAR SUGAR USA INC				
50170		of corporation	- must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ding" and check are subr		
Please	return all correspondence concerni	ng this matter	to the following:		
HONO	PHAN				
	-,-	Name of I	Person		
PHAN	CPA LLC				
	-	Firm/Com	pany		
9600 E	BELLAIRE BLVD, STE 207				
	 	Addre	ss		
HOUS	TON, TX 77036				
		City/State ar	nd Zip code		
PHAN	@РНАМСРА.СОМ				
	E-mail address	: (to be used for	or future annual report no	otification)	
For fur	ther information concerning this m	atter, please c	all:		
HONG PHAN		at (²⁸¹	de Daytime Telephone Number		
	Name of Person	Area Code	Daytime Teleph	one 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		
Please	ed is a check for the following amo make check payable to: FLORIDA DF .00 Filing Fee S78.75 Filing Certificate o	PARTMENT g Fee &	OF STATE \$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.

1. WILMAR SUG	SAR USA INC.			
(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. Delaware	3.	85-2895448		
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 08/27/2020	5.			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
6				
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
71013 Centre R	d. STE 403S, Wilmington, DE 19805			
	(Principal off	ice street address)		
11233 Shadow	Creek Pkwy STE 250, Pearland, TX 7758			
	(Current maili	ng address, if different)		
0.31	. II CPL II II II II I			
8. Name and stree	et address of Florida registered agent: (P.6	O. Box NOT acceptable)		
Name:	Northwest Registered Agent LLC			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties osition as registered agent.		
, ./	Tyu Nam			
	(Registered agent's s	ignature)		
10. Attached is a		, not more than 90 days prior to delivery of this application to		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: Carlos De Franco Diaz □ Chairman □Chairman □ Vice Chairman Address: 11233 Shadow Creek Pkwy STE 250 □Vice Chairman Address: Pearland, TX 77584 **∠**Director Director □ President President □ Vice President ___ ☐ Vice President □ Secretary Treasurer □ Secretary Treasurer □Other ______ ☐Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman □Chairman Address: □Vice Chairman Address: □Vice Chairman □ Director □ Director □President □President □Vice President ____ ☐ Vice President □Secretary Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □Other Other____ Chairman Name: _____ □ Chairman Name: _____ □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 Blorida Department of State Annual Report form. 12. _____ 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. Carlos De Franco Diaz, Finance Manager

(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 "WILMAR SUGAR 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 SIXTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILMAR SUGAR USA INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203041014

Date: 03-16-24