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DATE: 06/05/2024 NAME: GOLDEN GOOSE USA, INC. TYPE OF FILING: APPLICATION COST: 70.00 RETURN: PLAIN COPY PLEASE ACCOUNT: FCA00000015 **AUTHORIZATION: ABBIE/PAUL HODGE**

COVER LETTER

TO:	Registration Division of	Section Corporations				
SURI		DEN GOOSE USA,	INC.			
оов	.EC1			tion - mus	st include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Exist		ate of Good	Standing"	and check are sub	ct Business in Florida," omitted to register the
Please	return all com	respondence conce	erning this ma	itter to the	following:	
GIUL	IA TACCHINI					
			Name	of Person	1	
CINO	TTI LLP					
			Firm/0	Company		<u> </u>
11 BR	OADWAY SUI	ITE 368		- •		
			A	ddress		
NEW	YORK, NY, 10	004				
		· · · · · · · · · · · · · · · · · · ·	City/Sta	te and Zip	code	
legal@	cinottistone.co	m	•	•		
		E-mail addı	ess: (to be us	ed for fut	ure annual report	notification)
For fu	rther informati	ion concerning thi	s matter, plea	se call:		
		J	, ,			
			at ()		
	Name of Pe	rson	Area (Code	Daytime Telep	hone Number
F1	Registration Division of C The Centre of 2415 N. Mon Tallahassee,	Corporations of Tallahassee nroe Street, Suite FL 32303	810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
		for the following a able to: FLORIDA		ENT OF S	ГАТЕ	
	0.00 Filing Fee	5 □ \$78.75 Fi		□ \$7 8.	75 Filing Fee & ified Copy	Servision Status & 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.

I. GOLDEN GOO	OSE USA, INC.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail DELAWARE	able in Florida, enter alternate corporate name ad		
(State or countr 10/7/2014	y under the law of which it is incorporated) 5.	(FEI number, if appli	cable)
	of incorporation)	(Date of duration, if other tha	n perpetual)
7. 11 BROADWAY	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Y SUITE 368, NEW YORK, NY, 10004 (Principal office	2, F.S., to determine penalty liability)	
	(Current mailing	address, if different)	2.24 300
8. Name and stree Name: Office Address:	et address of Florida registered agent: (P.O. CINOTTI LLP 66 WEST FLAGER STREET, Suite 1002	Box <u>NOT</u> acceptable)	∞ 1 -5 Pil 5:
Office Address.	MIAMI	, Florida	: 36
	(City)	(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.

Alessende Pires
(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.

A. DIRECTORS					
☐ Chairman	Name: DANILO PIARULLI	□ Chairman	Name:		
□Vice Chairman	Address:	☐Vice Chairman	Address: 239, Avenida Arterial Hostos		
Director	NEW YORK, NY, 10004	Director	Stc 406,		
President		□President	San Juan, PR 00918		
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary	☐Treasurer		
□Other	□Other	Other	Other		
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐CEO ☐Other	SILVIA MERATI Name: 11 BROADWAY SUITE 368 NEW YORK, NY, 10004 ☐ Treasurer ☐ Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	□Treasurer		
□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 Florida Department of Stafe 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. FILIPPO CINOTTI, Director					

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GOLDEN GOOSE 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 FOURTH DAY OF JUNE, 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 "GOLDEN GOOSE USA, INC." WAS INCORPORATED ON THE SEVENTH DAY OF OCTOBER, A.D. 2014.

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

THE SOURCE STATE OF THE STATE O

Authentication: 203624316

Date: 06-04-24