F24000003544

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



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CORPORATE ACCESS,

When you need ACCESS to the world ,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:	BROOK 7/2
	CERTIFIED COPY	· · · · · · · · · · · · · · · · · · ·
XX	РНОТОСОРУ	
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XX	FILING	FOREIGN INC
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	NSTRUCTIONS:	

COVER LETTER

	istration Sec ision of Co rp				
SUBJECT	Tradewell	USA, Inc.			
		Name of corporati	on - mu	st include suffix	
Dear Sir or I	Madam:				
"Certificate	of Existence	on by Foreign Corporation f ," or "Certificate of Good St corporation to transact busi	anding"	and check are sub	
Please return	n all correspo	ondence concerning this mat	ter to th	e following:	
Clifford Eshe	er				
		Name	of Perso	n	
Polsinelli PC					
		Firm/C	ompany		
One Internati	onal Place, Si	uite 3900			
		Ad	dress		
Boston, MA	02110				
		City/State	and Zi	p code	
cesher@pols	inelli.com				
	-	E-mail address: (to be use	d for fut	ure annual report r	otification)
For further i	nformation c	concerning this matter, pleas	e call:		
Clifford Esh	er	at (at C	,	106-0338	
Nai	ne of Person	Area C	ode	Daytime Telepl	none Number
Reg Divi The 241:	istration Sec ision of Corp Centre of Ta	porations allahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	heck payable	he following amount: to: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	\$78	TATE .75 Filing Fee & tified Copy	S87,50 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.

Tradewell USA	. Inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATION,	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida
Delaware	3	N/A	
	y under the law of which it is incorporated)	(FEI number, if app	licable)
March 25, 2024	5		
(Date	of incorporation)	(Date of duration, if other th	an perpetual)
·	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability	·/)
401 East Jackson	Street, Suite 3300. Tampa, FL 33602		
'		fice street address)	
			2
	(Current maili	ng address, if different)	1174
. Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	1
Name:	Michael Massel		2
Office Address:	401 East Jackson Street, Suite 3300		== ;;
omice Address:	Tampa	33602	3 52 2 52
		, Florida	
	(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.



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.

DocuSign Envelope ID: 576D3460-CCD3-4A75-8E8F-7E6F458CB610

A. DIRECTORS	•		
□Chairman	Name: Michael Massel	□Chairman	Name:
□Vice Chairman	Address: 401 East Jackson St, Suite 3300	□Vice Chairman	Address: 401 East Jackson St, Suite 3300
Director	Tampa, FL 33602	Director	Tampa, FL 33602
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
□ Chairman	Name:	□ Chairman	Name:
	Address:		Address:
□ Director	Address.	□ Director	Address.
□President		□President	
		□ Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	□Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs ***********************************	ment of State Annual Ro	
47084AAA	L Massel Signature of Directo	r or Officer	
	ctor signing this document (and who is listed in num- ilse information submitted in a document to the Department		
	ssel - President	· 	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRADEWELL 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 SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRADEWELL USA,

INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2024.

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



Authentication: 203843371

Date: 07-02-24