# F2400000000036

	(Requestor's Name)	<del>-</del>
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAJL
	(Business Entity Name)	
	(Da.,	
	(Document Number)	
Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer	
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### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>11/26/2024</u>		**WALK IN**
ENTITY NAMEFOR	PET US INC.	
DOCUMENT NUMBI	ER	
	**PLEASE FILE	THE ATTACHED AND RETURN**
xxxxxxxx	Plain Copy	
<del> </del>	Certified Copy	
	Certificate of Status	
	Certified Copy of Ar Certified Copy of Ar Certificate of Statas	ts & Amendments Complete File (Inclading Annual Reports)
	**APOSTILLE',	/ NOTARIAL CERTIFICATION**
COUNTRY OF DESTIN	YATION	
NUMBER OF CERTIFIC	CATES REQUESTED	
TOTAL OWED \$ 70.0	00	ACCOUNT # 120140000108 / United Corporate Services, Inc.  Thank you so much!
Please call Tina at	the above number for	r any issues or concerns. Thank you so much!

## 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 unavaila	ible in Florida, enter alternate corpor	rate name adopted for the purpose of transact	ing business in Florida)
STATE OF TE	XAS	<sub>3</sub> 85-4041335	
	y under the law of which it is incorpo	orated) (FEI number, if a	applicable)
11/25/2020		5.	
	of incorporation)	(Date of duration, if othe	r than perpetual)
*		business in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liab	ility)
	12010 Wood Ho	ollow Ln., Houston, TX 77043	
	(Prir	ncipal office street address)	
		, Suite 501, New York, NY 10013 ent mailing address, if different)	
. Name and <u>stree</u> Name:	t address of Florida registered age United Corporate Services, Inc	ent: (P.O. Box NOT acceptable)	2024 NOV 26
	3458 Lakeshore Drive		26 26
ffice Address:	Tallahassee	, Florida 32312	
Office Address:		<del> </del>	<u> </u>
Office Address:	(City)	(Zip code)	និង <b>ហ</b>
. Registered age laving been name esignated in this urther agree to co	nt's acceptance: ed as registered agent and to acco application, I hereby accept the co amply with the provisions of all s	(Zip code)  ept service of process for the above state appointment as registered agent and ag tatutes relative to the proper and compl of my position as registered agent.	ed corporation at the place ree to act in this capacity.

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						
□Chairman	Simone De Paola	□ Chairman	Name: MARIO GAZZOLA			
□Vice Chairman	Address: 66 white st NY NY 10013	□ Vice Chairman	Address: 66 WHITE ST NY NY 10013			
□Director		□Director				
⊟∲resident		□President	<del></del>			
□Vice President		□Vice President				
☐ Secretary	□Treasurer	<b>⊠6</b> ecretary	Treasurer			
Other	Other	Other	Other			
□ Chairman	Alessandra Finocchi Name:	□Chairman	Name:			
□Vice Chairman	Address: 66 WHITE ST NY NY 10013	□Vice Chairman	Address:			
Director		Director				
□President		□President				
☑Vice President		□Vice President				
☐ Secretary	☐Treasur <del>e</del> r	☐ Secretary	☐Treasurer			
Other	Other	□Other	Other			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director	<del></del>	□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 State Annual Report form.						
12.	Signature of Dire					
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						

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 of 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.

MARIO GAZZOLA

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

#### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for For Pet US Inc. (file number 803841970), a Domestic For-Profit Corporation, was filed in this office on November 25, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 25, 2024.



gove Believe

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1427763210003