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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOOYER USA	A Inc
Name of corporation	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Michelle Groffe Name of I	
Name of I	Person
Moorer Ush Inc	
Firm/Com	pany
Moorer USA Inc Firm/Com 7 Sutton Place	
Addre Brewster M 105 City/State ar Whichellege Palm E-mail address: (to be used for	ss 509
City/State ar	nd Zip code
Michelleg e palm	oc settimilac com
E-mail address: (to'be used for	or future annual report notification)
For further information concerning this matter, please ca	all:
Michelle Gofff at (845) Name of Person Area Code	363-6253
Name of Person Area Code	Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$\Boxed{\Pi}\$ \$70.00 Filing Fee \$\Boxed{\Pi}\$ \$78.75 Filing Fee & \$\Boxed{\Pi}\$ Certificate of Status	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			ISINESS IN THE STATE C C	
(Enter name of countries," "Co.," "Co.," "Co.,"	orporation: must include "I orp." "Inc," "Co." or "Corp.	NCORPORATED," ")	C COMPANY," "CORPORA	TION,"
		•	opted for the purpose of trans	
2. <u>Neu</u>	3 York	3	45 - 26 (FEI number,	01495
4. (Date	$\frac{5/26/2001}{\text{of incorporation}}$	5,	(Date of duration, if c	other than perpetual)
7. <u>C/O</u> P.	(SEE SECTIONS	607.1501 & 607.150	Clorida, if prior to registration 2, F.S., to determine penalty lace Brews street address)	liability)
	.	(Current mailing	address, if different)	<u></u>
	t address of Florida regis	•	•	
Name:	Kegistered	Agents Ir	<u>1C</u>	
Office Address:	Jan 4th	24 NICTE 2		
	ST. Helersburg	g FL y)	Florida <u>33702</u> (Zip code)	2025
Having been nam lesignated in this further agree to co	ent's acceptance; ed as registered agent ai application, I hereby ac	nd to accept service cept the appointme is of all statutes rela	of process for the above s nt as registered agent and ttive to the proper and cor	stated corporation of the place agree to act in this capacity, implete performance of my dual
_		rtucked Em	all confirmation	<u> </u>

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: Moreno Faccincani	□Chairman	Name:				
□ Vice Chairman	Address: XXV April+ 90	□Vice Chairman	Address;				
□Director	Costelnuare Del Gardon	□Director					
President	VR Haly	□President					
Vice President		□Vice President					
□ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other		□Other		Other			
□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name: Palma Settimi Address: 7 Sutton Place Brewster M 10509	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary	Address:	□Treasurer			
□Other	Other	□Other		□Other			
□Chairman □Vice Chairman □Director □President □Vice President	Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Address:				
□ Secretary	☐ Treasurer	□Secretary:		□Treasurer			
□Other	Cother	□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 forda 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. 13. Treasures (Typed or printed name and capacity of person signing application)							
(1) yped or printed name and capacity of person signing application)							

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MOORER USA INC.

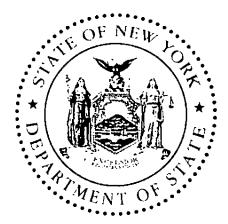
DOS ID Number: 4099541

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 05/26/2011

Statement Status: CURRENT Statement Due Date: 05/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 11, 2025 at 11.51 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heyles

BRENDAN C. HUGHES Executive Deputy Secretary of State

Authentication Number: 100007833574 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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Kelly Swanson

From:

agent@floridaregisteredagent.net on behalf of Florida Registered Agent LLC <agent@floridaregiste

Sent:

Sunday, April 27, 2025 1:19 PM

To:

Kelly Swanson

Subject:

Newsletter / Marketing: Thank You for Your Order with Florida Registered Agent LLC

EXTERNAL: This email originated from outside of PSL Do not click links or open attachments unless you recognize the sender c

Dear Michelle,

Thank you for placing your order with us.

Hiring a professional registered agent is a smart business investment to secure privacy protection, simple accessit support, and a lifetime of guidance and local expertise for your business.

Your registered agent service is now available and should be listed as:

Name: Registered Agents Inc Address: 7901 4th St N STE 300 St. Petersburg, FL 33702

Authorized individual on behalf of the Registered Agent: David Roberts

Your Order Details:

Order placed on Apr 27, 2025

- Registered Agent Service in Florida
- Renewal Service
- Florida Mail Forwarding: Limited Use Package

Using Your Account:

Use your online account to make a filing, manage your domain, monitor company documents, pay an invoice, accinformation, and so much more.

https://clicktime.symantec.com/15xVSbouk2b3riZNF9DvP?h=2MkhHm_gv9oPqJpXk3CbyGHvmUAVkxMnWgRlmNegisteredagent.net/login

We're thrilled to have you onboard and look forward to supporting you and your new adventure!

Sincerely,

Florida Registered Agent LLC

https://clicktime.symantec.com/15xVXS1CCeGeGfPHnhd51?h=Gzb_qBgFP2Pphm0L_x7Tnf88UdVeeGvU3tzIv_VII