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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

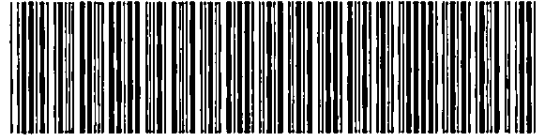
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Noma Capital Fund STC B.V. LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Luis de Lannoy

Name of Person

Noma Capital Fund STC B.V. LLC

Firm/Company

11050 SW 25th CT, Suite 9203

Address

Miramar, Florida, 33025

City/State and Zip Code

stc@cicerotrading.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis de Lannoy

305

209-3026

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

20 SEP 23 PM 1:33

LED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Noma Capital Fund STC B.V. LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Curacao
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. September 25, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11050 SW 25th CT, Suite 9203
(Street Address of Principal Office)

6. 11050 SW 25th CT, Suite 9203
(Mailing Address)

Miramar, Florida, 33025

Miramar, Florida, 33025

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cicero Trading Group, Inc.

Office Address: 11050 SW 25th CT, Suite 9203

Miramar, Florida 33025

(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Luis de Lannoy	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 11050 SW 25th CT, Suite 9203	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miramar, Florida, 33025	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Luis de Lannoy

Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C." or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



KAMER VAN KOOPHANDEL EN NIJVERHEID (CURAÇAO CHAMBER OF COMMERCE AND INDUSTRY)

TO WHOM IT MAY CONCERN

The Curaçao Chamber of Commerce and Industry is governed by the Ordinance of the 6th of November 1944, as published in P.B. 1944 no. 201 and Article 6, paragraph 5 of the Ordinance published in AB 2010, no. 87 and the amendment published in AB 2010, no. 102.

Established in 1884, the Curaçao Chamber of Commerce and Industry is the official representative of the private sector in Curaçao. As such, the Chamber promotes the interests of private enterprise on the island, promotes and facilitates business in and thru Curaçao, and advises the government on matters concerning the economy in general and the business community in particular.

In accordance with above Ordinance, the Chamber is also obliged to carry out the functions which it has been charged with by law or decree. In this respect the Chamber is responsible for i.a. the keeping of the Commercial Register.

The Chamber, moreover, is authorized i.a. to issue excerpts of the registrations (legal document), certificates of origin for (re)export, to legalize authorized signatures and to emit other business related documents.

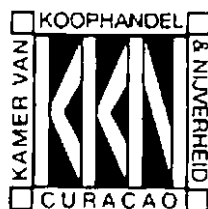
In that capacity the Chamber hereby certifies, that:

- The private limited liability company Noma Capital Fund STC B.V., was incorporated in Curaçao, on March 2, 2020, and is duly registered with aforementioned Register, entered under number 152941, as of March 3, 2020;
- On this 23rd day of September 2020, aforementioned business meets all the applicable criteria for registration and as such legally exists under the law of Curaçao.

Curaçao, September 23, 2020

The Curaçao Chamber of Commerce and Industry

Irving N.M. Janga MBA CAMS
Registry Affairs Director



Curaçao Commercial Register

Excerpt from the Commercial Register

Registration number: 152941 (0)
Date: September 23, 2020 Time: 8:12:49 AM

In the Commercial Register of the Curaçao Chamber of Commerce & Industry is registered under number 152941: Noma Capital Fund STC B.V.

Trade name	Noma Capital Fund STC B.V.
Legal form	Private Limited Liability Company
Official name	Noma Capital Fund STC B.V.
Statutory seat	Curaçao
Date of incorporation	March 2, 2020
Date established	March 2, 2020
Nominal Capital	100 share(s) with a nominal value of U.S.A. Dollar 1
Fiscal year	The fiscal year is equal to the calendar year
Address	Dr. M.J. Hugenholtzweg 25
Country	Curaçao
Mailing address	(same as above)
Description English	<ol style="list-style-type: none">1. To act as trustee and through each trust cell to invest and manage the assets under the conditions of the respective trust deeds.2. The corporation is authorized to perform everything requisite or profitable to the accomplishment of its purpose or incidental thereto or connected therewith in the widest sense of the word.3. The corporation has no authority to invoke the annulment of legal acts performed by the corporation, which exceeded the corporate objective.

Official(s)

1

Function

Statutory director

Name

Dutch Caribbean Trust B.V.

Registration number official

122271

Only valid if sealed and signed by the Chamber of Commerce.

Curaçao, September 23, 2020
For Excerpt

I.N.M. Janga
Head Commercial Register

