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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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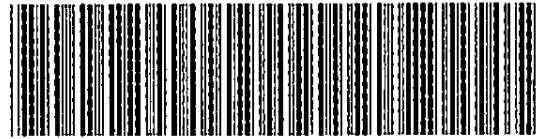
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 28 A 8:49
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA PRO INC.

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:

Giovanni Picano

Name of Person

USA PRO INC.

Firm/Company

2681 SE HAMDEN RD

Address

Port St. Lucie, Florida 34952

City/State and Zip Code

John.picano@yahoo.com

(John. picano@yahoo.com)

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

For further information concerning this matter, please call:

Giovanni Picano

772 985 - 5100
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

**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. USA PRO INC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

USA PRO FL INC

(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. MONTANA File Number: D1033103 - 10592685
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/18/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2681 SE HAMDEN RD, Port St Lucie, FL 34952 6. 2681 SE HAMDEN RD, Port St Lucie, FL 34952
(Street Address of Principal Office) (Mailing Address)

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

Name: Giovanni Picano

Office Address: 2681 SE HAMDEN RD

PORT ST LUCIE, Florida 34952
(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.

X Giovanni Picano
(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: Giovanni Picano	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2681 SE HAMDEN RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Port St Lucie, FL 34952	<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.

X Giovanni Picano
Signature of an authorized person

GIOVANNI PICANO
Typed or printed name of signer



MONTANA SECRETARY OF STATE

Extract generated on: September 01, 2020 02:23 PM

System Through Date: September 01, 2020

Principal Report

General Business Details

Business Identifier: D1033103

Business Name: USA PRO, INC.

Type: Domestic Profit Corporation

Status: Active Good Standing

Incorporators

Name: Daniel Jensen

Business Mailing Address: 1215 11th Avenue, Helena, Montana 59601, United States

Directors/Officers

Name: GIOVANNI PICANO

Business Mailing Address: 2681 SE HAMDEN RD, Port St Lucie, Florida 34952, United States

Position: Director, President, Vice-president, Secretary, Treasurer



MONTANA SECRETARY OF STATE

Return Method: Mail to customer

January 30, 2017

GUILLERMO D JALIL
CC: MILDRED SNUKIS
PO BOX 6572
WYOMISSING PA 19610

CERTIFICATION LETTER

I, COREY STAPLETON, Secretary of State for the State of Montana, do hereby certify that

USA PRO, INC.

filed its Articles of Incorporation with this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in this office, I hereby issue this certificate evidencing the filing is effective on the date shown below.

Certified File Number: D1033103 - 10592685

Effective Date: January 17, 2017

Your company's annual report is due by April 15th of next year and each consecutive year thereafter.

Thank you for being a valued member of the Montana business community. I wish you continued success in your future endeavors.

A handwritten signature in cursive script, appearing to read "Corey Stapleton".

Corey Stapleton
Montana Secretary of State



STATEMENT OF ARTICLES OF INCORPORATION OF

USA PRO, INC.

ARTICLE I. The name of the corporation is: **USA PRO, INC.**

Montana Secretary of State

ARTICLE II. The registered agent for this corporation shall be **PRIMO, INC.** Its

Filed: January 17, 2017 09:09 AM

BD: D1033103

registered office in the State of Montana is located at **1215 11th Avenue, Helena MT 59601-0000**. Signature of Registered Agent:

ARTICLE III. The Corporation shall have unlimited power to engage in and to do any lawful act concerning any or all lawful businesses for which corporations may be organized under the laws of Montana. This Corporation may maintain an office, or offices, in such other place within or without the State of Montana as may be from time to time designated by the Board of Directors, or by the By-Laws of said Corporation, and that this Corporation may conduct all Corporation business of every kind and nature, including the holding of all meetings of Directors and Stockholders, outside the State of Montana as well as within the State of Montana.

ARTICLE IV. The period of its duration is perpetual.

ARTICLE V. The aggregate number of shares, which the corporation shall have authority to issue, is ten thousand shares of no par value. Said shares may be issued by the corporation from time to time for such considerations as may be fixed by the Board of Directors.

ARTICLE VI. The transfer of shares shall be unrestricted, except as provided by any future buy-sell agreement signed by all of the stockholders.

ARTICLE VII. The capital stock, after the amount of the subscription price has been paid in, shall not be subject to assessment to pay the debts of the corporation.

ARTICLE VIII. The governing board of this corporation shall be known as directors, and the number of directors may from time to time be increased or decreased

in such manner as shall be provided by the By-Laws of this Corporation, providing that the number of directors shall not be reduced to less than one (1).

ARTICLE IX. The name and post office address of the Director and incorporator signing the Articles of Incorporation is as follows:

Director's & Incorporator's Name: Daniel Jensen

Address: 1215 11th Avenue, Helena MT 59601-0000

ARTICLE X. In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized:

Subject to the By-Laws, if any, adopted by the Stockholders, to make, alter or amend the By-Laws of the Corporation.

To fix the amount to be reserved as working capital over and above its capital stock paid in; to authorize and cause to be executed, mortgages and liens upon the real and personal property of this Corporation.

By resolution passed by a majority of the whole Board, to designate one (1) or more committees, each committee to consist of one or more of the Directors of the Corporation, which, to the extent provided in the resolution, or in the By-Laws of the Corporation, shall have and may exercise the powers of the Board of Directors in the management of the business and affairs of the Corporation. Such committee, or committees, shall have such name, or names, as may be stated in the By-Laws of the Corporation, or as may be determined from time to time by resolution adopted by the Board of Directors.

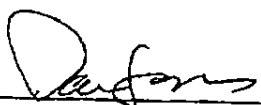
When and as authorized by the affirmative vote of the Stockholders holding stock entitling them to exercise at least a majority of the voting power given at a Stockholders meeting called for that purpose, or when authorized by the written consent of the holders of at least a majority of the voting stock issued and outstanding, the Board of Directors shall have power and authority at any meeting to sell, lease or exchange all of the

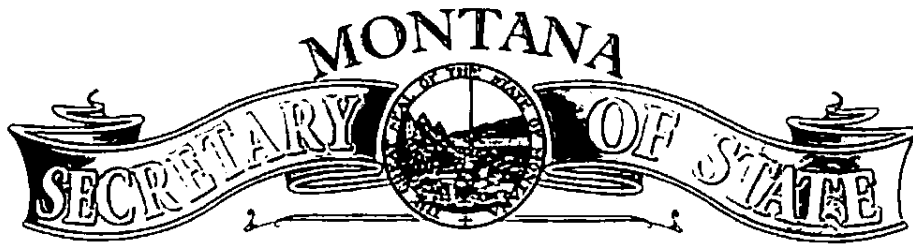
property and assets of the Corporation, including its good will and its corporate franchises, upon such terms and conditions.

ARTICLE XI. No director or officer of the Corporation shall be personally liable to the Corporation or any of its stockholders for damages for breach of fiduciary duty as a director or officer involving any act or omission of any such director or officer; provided, however, that the foregoing provision shall not eliminate or limit the liability of a director or officer (i) for acts or omissions which involve intentional misconduct, fraud or a knowing violation of law, or (ii) the payment of dividends in violation of law; (iii) for any breach of the director's duty of loyalty to the corporation or its shareholders; or (iv) for any transaction from which the officer or director derived an improper personal benefit. Any repeal or modification of this Article by the stockholders of the Corporation shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director or officer of the Corporation for acts or omissions prior to such repeal or modification.

ARTICLE XII. Except with respect to amending the non-assessability of shares per Article VII, this Corporation reserves the right to amend, alter, change or repeal any provision contained in the Articles of Incorporation, in the manner now or hereafter prescribed by statute, or by the Articles of Incorporation, and all rights conferred upon Stockholders herein are granted subject to this reservation.

I, **THE UNDERSIGNED**, being the incorporator, at the address **1215 11th Avenue, Helena MT 59601-0000**, herein before named for the purpose of forming a Corporation pursuant to the laws of the State of Montana, do make and file these Articles of Incorporation, hereby declaring and certifying 20th of December, 2016. **Signature of Director & Incorporator, Daniel Jensen:**


_____.



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

USA PRO, INC.

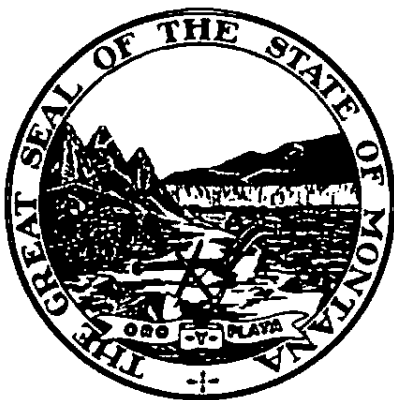
duly filed its Articles Of Incorporation for the domestic entity in this office on **January 17, 2017**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 13th day of August, 2020.

A handwritten signature in cursive script, appearing to read "Corey Stapleton".

COREY STAPLETON

Montana Secretary of State

Certificate Number: 081320200609