

3/1/2021

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I2008000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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 SECRETARY OF STATE
 TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: intertraderone@gmail.com

Foreign Limited Liability Company Intertraderone LLC

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

*IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Intertraderone LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company", "LLC", or "LLC")

(If none, use address and alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLC")

2. Delaware 3. 38-4128566
(Jurisdiction under the law of which foreign limited liability company is organized) (FED number, if applicable)

4. 2-26-2020
(Date first transacted business in Florida, if prior to registration; if not, see sections 605.0901 & 605.0903, F.S., to determine penalty liability)

5. 1835 E. Hallandale Beach Blvd, Suite 140 6. 1835 E. Hallandale Beach Blvd, Suite 140
(Street Address of Principal Office) (Mailing Address)
Hallandale Beach, FL 33009 Hallandale Beach, FL 33009

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

Name: Registered Agents Inc.
Office Address: 7901 4th Street N, Ste 300
St. Petersburg 33702
Florida
(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.

Bill Hume
(Registered agent's signature)

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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):

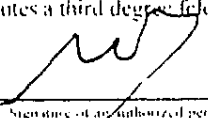
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Mammel Chavez	☐ Manager	Name: _____
☒ Member	Address: 1835 E. Hallandale Beach Blvd.	☐ Member	Address: _____
☐ Authorized	Suite 140	☐ Authorized	_____
Person	Hallandale Beach, FL 33009	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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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

Mammel Chavez

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERTRADERONE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERTRADERONE LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

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TALLAHASSEE, FL



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You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink.

Jeffrey W. Bullock, Secretary of State

Authentication: 202518731

Date: 02-16-21

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