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(Requestor's Name)		
(Address)		
(Address)	_	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)	-	
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
W19-31927		
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ORCHID EQUITIES	S USA INC		
···			
		!	!
		<u>'</u>	Art of Inc. File
			LTD Partnership File
		<u> </u>	Foreign Corp. File
			L.C. File
		i <u>i</u>	Fictitious Name File
		<u> </u>	Trade/Service Mark
			Merger File
		1	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		<u> </u>	Photo Copy
		[Certificate of Good Standing
		\ <u>-</u>	Certificate of Status
		-	Certificate of Fictitious Name
		<u> </u>	Corp Record Search
		-	Officer Search
		}	Fictitious Search
Signature		Fictitious Owner Search	
		ļ <u>.</u>	Vehicle Search
			Driving Record
Requested by: Seth	04/04/19	-	UCC 1 or 3 File
Name	 -	ime	UCC 11 Search
Walls L.		'	UCC 11 Retrieval
Walk-In Thomsever GA 8/00	Will Pick Up		Courier

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: On	chid Equities USA Inc.	
	(PROPOSED CORPORATE NA	ME - MUST INCLUOR SUFFIX)
Enclosed are an	original and one (1) copy of the articles of	incorporation and a check for:
≅ \$70. 6 Filing F	ec Filing Fee Fil & Certificate of Status	\$78.75
FROM:		
	Name (Printe	d or typed)
	1666 79 ST Causeway, Suite 500	
	Address	
	North Bay Village, FL 33141	
	City, State &	Zip
	305-891-2029	
	Daytime Telephon	e number
	Service@graboislaw.com	
	E-mail address: (to be used for fun	ure annual report notification)

NOTE: Please provide the original and one copy of the articles.

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April 4, 2019

Department of State New Filing Station Division of Corporations P.O. Box 6327 Tallahassee, FL 33214

RE: ORCHID EQUITIES USA, INC./ W19000031927

Dear Department of State,

ORCHID EQUITIES GP LLC is the General Partner of Orchid Equities USA, LP which is managed by Samuel Levinson. Orchid Equities USA, LP and Samuel Levinson do not object to Orchid Equities USA, Inc using the same name to be filed as they are all owned and managed by the same beneficial owner, Samuel Levinson.

Very truly yours,

Orchid Equities USA, LP, A Florida Limited Partnership

By: ORCHID EQUITIES GP LLC. A Florida Limited Liability Company, its General Partner

By: Samuel Livinson Samuel Levinson

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRIN	Balanta Barana and		
	Principal street address	Mailing address, if different is:	
Quebec, Canada H3X			
		л	
ARTICLE III PURI The purpose for which		lawful business.	
			
		-	
			
		·	
 			
	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
ARTICLE IV SHAI	RES 1000	•	
The number of shares o	1,000 of stock is:		
ARTICLE V INITI	ALOFFICERS AND/OR DIRECTORS	Į!	
Name and Tit	Samuel Levinson, President/ Director	Name and Title:	
Address	66 Holtham Road, Hampstead	Address:	
	Quebec, Canada H3X 3N4	<u> </u>	
Name and Tist	e:	No. 1 America	
Address		Name and Title:	
, radical)		Address:	
	" 	-	
		<u> </u>	
Name and Title	e:	Name and Title:	<u>}}</u> 9
Address		Address:	基質 男 七
			RICED RACED
			
			FILED PR -4 PM 10: 24 ANASSELL, ILORIDA
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Name and Title:		Name and Title:		
Address		Address:		
		<u> </u>		
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		1		
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	 ole) of the registered agent is:		
Name:	Eric J. Grabois, P.L.			
Address:	1666 79 ST Causeway, Suite 500			
	North Bay Village, FL 33141			
ARTICLE VII	<u>INCORPORATOR</u>			
	 -	(
The name and	address of the Incorporator is:	f		
Name:	Eric J. Grabois, P.L.	!		
Address:	1666 79 ST Causeway, Suite 500	<u></u>		
	North Bay Village, FL 33141			
APTICI E UM	PERFORMED ATO	"		
Effective date,	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	date is listed, the date must be specific and co	annot be more than five days prior or 90 days after the		
Note: If the da	te inserted in this block does not meet the applic	hable stabutory fifing requirements, this date will not be listed as		
the document's	effective date on the Department of State's reco	rds. 1		
Having been no this certificate,	amed as registered agent to accept service of pri I am familiar with and accept the appointment of	occss for the above stated corporation at the place designated in is registered agent and agree to act in this capacity		
	$_{-}$ $^{7}\mathcal{V}$	3/28/2019		
	Required Synature/Registered Agent	Date		
I submit this do document to the	ocument and affirm that the facts stated herein Department of State Constitutes a third degree,	are tries. I am aware that the false information submitted in a felony as provided for in s.817.185. F.S.		
		1		
Requ	nired Signature/Incorporator	3 28 2019		
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LAHASSEE, FLORIDA