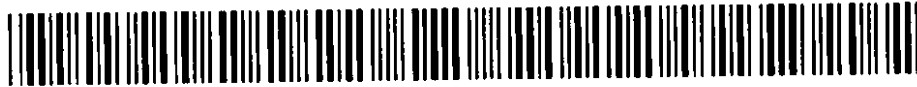


**F1900005296**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000343729 3))



H190003437293ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

FILED  
 2019 NOV 25 PM 4:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**ID Logistics US, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

01/01/19 09:00:00 AM

Electronic Filing Menu    Corporate Filing Menu    Help



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ID Logistics US, Inc.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Nevada

2. (State or country under the law of which it is incorporated) 09/26/2019 3. (FEI number, if applicable)

4. (Date of incorporation) Upon filing 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o ID LOGISTICS 55 chemin des Engranauds CS 20040 (Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324 (City) (Zip code)

9. Registered agent's acceptance:

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

By: Donna Peterson-Riggs (Registered agent's signature) Donna Peterson-Riggs, Assist Secretary

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.

FILED 2019 NOV 25 PM 4:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Eric Hemar ✓  
160 Rue de Grenelle, Paris, 75007  
Address: \_\_\_\_\_

Vice Chairman: Christophe Satin ✓  
Quartier le grand camp, Cabrieres d'Avignon 84220  
Address: \_\_\_\_\_

Director: Yann Perot ✓  
85 Chemin des Cruyes, Aix en Provence 13090  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: Eric Hemar ✓  
160 Rue de Grenelle, Paris, 75007  
Address: \_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Christophe Satin ✓  
Quartier le grand camp, Cabrieres d'Avignon 84220  
Address: \_\_\_\_\_

Treasurer: Yann Perot ✓  
85 Chemin des Cruyes, Aix en Provence 13090  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Eric Hemar, President  
(Typed or printed name and capacity of person signing application)

FILED  
2019 NOV 25 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

2019 NOV 25 9:44 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ID Logistics US, Inc.**, as a **DOMESTIC CORPORATION (78)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/26/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/25/2019.

*Barbara K. Cegavske*  
BARBARA K. CEGAVSKE  
Secretary of State



Certificate Number: B20191125389470  
You may verify this certificate  
online at <http://www.nvsos.gov>