| Figure less Nart | 1905899 |
|--|--|
| Address | |
| | |
| City/State/Zip Phone # | Office Use Only |
| CORPORATION NAME(S) & DOCUME | NT NIJMBER(S), (if known): |
| 1. Corporation Name) | NT NUMBER(S), (if known): |
| 2(Corporation Name) | (Document #) ALLAHAS (Document #) ALLAHAS |
| 3(Corporation Name) | (Document #) (Document #) (Document #) (Document #) (Document #) (Document #) |
| (Corporation Name) | (Document #) |
| Walk in Pick up time | Certified Copy |
| | Photocopy Certificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS -11/14/01-01020-002 Amendment *****87.50 *****87.50 Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |
| OTHER FILINGS Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |
| | Examiner's Initials |

CR2E031(7/97)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | | | | ATUTES, THE FOLLOWING IS SUBMIT IUSINESS IN THE STATE OF FLORIDA. | TED TO | | |
|--|--|--|---------------------------------------|--|----------------|--|--|
| ì. | (Name of corpor words or abbrevi | SA Corporation ration; must include the word intions of like import in langu r partnership if not so contain | age as will clearly | D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a present.) | SECTION | | |
| 2. | Delawar | | 3 | 51-0268177 | TO E | | |
| | | under the law of which it is is | ncorporated) | (FEI number, if applicable) | 700 | | |
| 4. | 01/27/19 | | 5. | perpetual | | | |
| | • | e of incorporation) | | (Duration: Year corp. will cease to exist or "] | perpenual") | | |
| 6. | | n qualification | | | | | |
| ٠. | (Date first transac | cted business in Florida. If co (SEE SEC | orporation has not TIONS 607.1501, | transacted business in Florida, insert "upon que 607.1502 and 817.155, F.S.) | ilification.") | | |
| 7 | | 6 | 65 Broadway | , Suite 800 | = | | |
| 1. | (Principal office address) New York, New York 10012 | | | | | | |
| | | (C) | urrent mailing addi | ress) | | | |
| | | | | | | | |
| 8. | | d operate a retail furni | | | | | |
| - | (Purpose(| s) of corporation authorized i | n home state or co | untry to be carried out in state of Florida) | | | |
| 9. | 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | | | | | | |
| | Name: | NRAI Services, Inc. | • | | | | |
| 0 | ffice Address: | 526 E. Park Avenue | 3 | | | | |
| | | Tallahassee | | Florida 32301 | | | |
| | | (City) | | , Florida 32301 (Zip code) | • | | |
| 10. 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. | | | | | | | |
| | The James FRED LARISON, MISSISTANT SECRETARY (Registered agent's signature) | | | | | | |
| | | | | | | | |

11. 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.

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

| A. DIKI | ECTORS | |
|------------|---|---|
| Chairman | : Michel Roset | |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | 0, |
| | | |
| Vice Chai | irman: Pierre Roset | |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | |
| | | |
| Director: | Philippe Courvoisier | |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | 9 |
| Director: | Jean-Louis Droz | |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | |
| Address: | Michel Roset c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | |
| Vice Presi | ident: Pierre Roset | *************************************** |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | |
| Secretary: | | |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | |
| Treasurer: | Pierre Roset | |
| Address: | c/o Roset USA Corporation, 665 Broadway, Suite 800, New York, NY 10012 | |
| NOTE: . | If necessary, you may attach an addendum to the application listing additional officers and/or director | rs. |
| 13 | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | : |
| 14 | Pierre Roset, Vice Chairman | |
| | (Timed or printed name and conscitu of person signing application) | |

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROSET USA CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN, GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROSET USA CORPORATION" WAS INCORPORATED ON THE SEVENTH DAY OF JANUARY, A.D. 1983.

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

Harriet Smith Windson, Secretary of State

0952056 8300

010468170

AUTHENTICATION: 1352689

DATE: _09-21-01