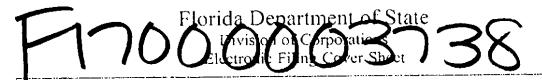
Division of Corporations



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.

(((H170002204223)))



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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 : (614)280-3338 : (954)208-0845 Fax Number \*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address: FOREIGN PROFIT/NONPROFIT CORPORATION Effisoft USA, Inc. U Certificate of Status Certified Copy 05 Page Count \$70.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

J. HARRIS

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: EFFISOF	T USA, INC.			
3063261.	Name of corporation	- must include suffix		
Dear Sir or Madam:				
"Certificate of Existence	ion by Foreign Corporation for e." or "Certificate of Good Sta n corporation to transact busin	nding" and check are subm	Business in Florida," itted to register the	
Please return all corresp	pondence concerning this matte	r to the following:		
Gregory Moliner				
	Name of	Person	<del></del> -	
Gregory Moliner				
	Firm/Cor	npany		
255 Alhambra Circle				
	Addı	ress		
Coral Gables				
	City/State	and Zip code		
gmoliner@effisoft-group	E-mail address: (to be used	Conference annual course po	(ification)	
	E-mail address: (10 ne useu	for future annual report no	arrication)	
For further information	concerning this matter, please	call:		
Gregory Moliner at (786 ) 448-5695  Name of Person Area Code Daytime Telephone Numbe				
Name of Perso	on Area Co	de Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahnssee, FL 32301		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check fo	r the following amount:			
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Centified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

## 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. EFFISOFT USA, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (It name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) 11/09/2012 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607-1501 & 607-1502, F.S., to determine penalty liability) 255 Alhambra Circle; Coral Gables, FL 33134 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C.T. Corporation System By: Genifar Vincent

Jenifer Vincent, VP & Asst. Sec. (Registered agent's signature)

<sup>10.</sup> 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.

DIRECTORS			
hairman:			
ddress:			
lice Chairman:			<del></del>
ddress:			
Oregory Moliner			
255 Albambra Circle: Carol Gables, FL 33134			
Director:			
Address:			
3, OFFICERS			
Pascal Stopnicki			
26 me d'Athenes 75009 París			
		_	
7. 15. 17.			
Vice President:	من هند • • •	2017	
Address:	>:P =::F	<b>A</b>	1
Pascal Stopnicki	100 m		F==="
26 me d'Athenes 75009 Paris	70 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	I.	Fr
Address:	(W).	ن حج	254 ·
Freasurer:  26 rue d'Athènes 75069 Paris		<u>.</u>	
Address:			
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/or di	rectors.	
12. Grayory, Moline CC  Signature of Director or		<del></del>	

13. Gregory Moliner, Chief Executive Officer

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EFFISOFT USA, INC." 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 EIGHTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

5240190 8300 SR# 20175789031

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203082287

Date: 08-18-17