

F10000005496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

193-659-608-611

W10000055539



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11/24/10--01015--018 **78.75

FILED
10 DEC 14 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 12/16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VOLTAIRE DESIGN INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BRICE GOGUET
Name of Person
VOLTAIRE DESIGN INC
Firm/Company
11 WEST HALL AVENUE
Address
NEW CITY NY 10956
City/State and Zip code
claudio @ VOLTAIRE - DESIGN . COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

claudio Pade at (845) 875 4438
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2010

BRICE GOGUET
11 WEST HALL AVENUE
NEW CITY, NY 10356

SUBJECT: VOLTAIRE DESIGN INCORPORATED
Ref. Number: W10000055539

We have received your document for VOLTAIRE DESIGN INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 510A00027805



December 07, 2010

Florida Department of State, division of Corporations.

Subject : Voltaire Design Incorporated

Ref: W10000055539

Dear Claretha,

Enclosed please find the missing informations and the documents signed by a registered agent .

I don't know exactly where to put the brief description of the entity's nature of business but I don't want to do anymore mistake : We are selling custom horse saddles and horse accessories as girths, breastplate and stirrups leather. These products are made in France.

Please do no hesitate to contact us if you need more informations.

Thank you very much and have a nice day.

Brice Goguet

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.

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10 DEC 14 AM 9:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Voltaire Design, Inc.
(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)
2. New Jersey 3. 27-268-0829
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/17/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 11 West Hall Avenue New City NY 10356
(Principal office address)
- SAME
(Current mailing address)
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: National Corporate Research, Ltd., Inc.
- Office Address: 515 East Park Avenue
- Tallahassee, Florida 32301
(City) (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.

Melissa Allen - Asst. 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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BRUCE GOGUET

Address: 11 WEST HALL AVENUE

NEW CITY NY 10956

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. BRUCE GOGUET (PRESIDENT)

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

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10 DEC 14 AM 9:53
STATE OF FLORIDA
TALLAHASSEE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

VOLTAIRE DESIGN, INC

0400349187

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 17, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Kaufman Information Resources, Inc.
14 Scenic Drive- Suite 33
P.O. Box 443
Dayton, NJ 08810*

I further certify that the incorporator is:

*Brice Goguet
545 Fifth Avenue
Suite 640
New York, NY 10017*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: an unavailable date.

Other

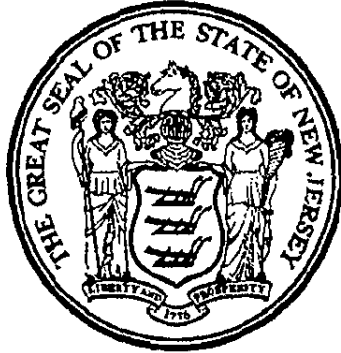
*Brice Goguet
545 Fifth Avenue
Suite 640
New York, NY 10017*

FILED
10 DEC 14 4 33 PM
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

VOLTAIRE DESIGN, INC

0400349187



Certification# 118809120

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the
Official Seal at Trenton, this
23rd day of November, 2010

Andrew P Sidamon-Eristoff
Acting State Treasurer

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10 DEC 14 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA