

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION DE GRISOGONO U.S.A. INC.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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COVER LETTER

TO;	New Filing Section Division of Corporations					
SÙBJ	ECT:	de Griso	gono U.S.A Inc.			
\$ ¢ vio	₽ ~,.	*, *** *, *** ** *		tion - must includ	e suffix	·
Dear: S	ir or M	adam:				
-Cértil	icate of	Existence.	on by Foreign Corporation " or "Certificate of Good 5 corporation to transact but	Standing" and che		
Please	retum:	all correspo	ndence concerning this ma	itter to the follow	ing:	
Jules	BeIlanı	y				
			Name	of Person		
de Cri	sogono	USA, Inc	•			
			−F!rm/4	Company		
824 M	ladison	Ave				
			A	ddress:		•
New !	York, N	Y 10065				
			City/Sta	te and Zip code		·
jules@	degris	одопо.со			,	
			E-mail address: (to be us	sed for:future ann	ual-report no:	iification)
For fu	rther in	formation of	oncerning this matter, plea	ise call:		
Katar	zyna D	arowska	at (212	, 439 4240)	
	Nam	e of Person	. A) 439 4240 rea Code & Dayti	ime Telephor	ne Number
•						
	New Divis Clifto 2661	Filing Section of Corp on Building	contions Center Circle	Ne; Div P.C	AILING AD w Filing Sectorision of Con D. Box 6327 llahassee, FL	tion porations
Enclos	sed is a	check for t	he following amount:			
	70:00 F	'iling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filling Certified C		\$87,50 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:

	ble in-Florida, enter alternate corporate na		-	ss-in-Florida)	
New York		3. <u>13-4152</u>			
•	inder the law of which it is incorporated)	<u>.</u> .	(FEI number, if applicable)		
November 29,	, 2000 of incorporation)	5. Perpetua	al i: Year corp. will coase to exist or		
(Date	or incorporation)	(Opratio)	it. Year corp. will coase to exist or	"perpetual")	
ý	(Date first transacted busines	ès in Florido i	Corior to excietration)		
	(SEE SECTIONS 607.1501 & 60)7.1502, F.S., r	o determine penalty hability)		
824 Madison <i>F</i>	Avenue, New York, New York 1006	65		IAS.	
	(Principal office	address)		5-1	<u> </u>
824 Madison A	Avenue, New York, New York 1000	65		HAT S	5
	(Current mailing	address)		ر جر ین ری جری	; .a?
Retailer and W	/holesaler of High Luxury Swiss W	√atches and ∫	Jewelry		
(Purpose(s	holesaler of High Luxury Swiss W of corporation authorized in home state of	or country to b	e carried out in state of Florida)	5.5	,,
. Name and stree	t address of Florida registered agent: ((P.O. Box <u>N</u>	OT acceptable)	ATE RIDA	. **
Name:	Corporation Service Company			-	
Office Address:	1201 Hays Street				
	Tallahassee	Fi	orida 32301		
	(City)		orida 32301 (Zip code)		
			cess for the ubove stuted corner	otion at the via	
designated in this further agree to co and I am familiar	ent's acceptance: ed as registered agent and to accept so application, I hereby accept the appo- apply with the provisions of all statute with and accept the obligations of my Corporation Service Company	ointment as re tes relative to	gistered agent and agree to act the proper and complete perfo registered agent.	in this capacit	y. I luties,

II: 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: See Exhibit A	
Address:	
Vice Chairman:	
Auktress:	
	•
Director:	
Address:	
	-
Directór:	
Address:	-
B. OFFICERS	
President: See Exhibit A	
Address:	1, 2, 12, 22, 7
	Parties
Vice President:	
Address:	Birman, J.
Σ	-
Śecretary:	-
Address:	-
Treasurer:	-
Address:	-
NOTE: If necessary, you may attach an addendum to the application disting additional officers and/or directors.	
13. Aldew heavy	-
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 8.817:155, F.S.	
14. Giovanni Mattera, Vice President & Director	

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

Exhibit A

de GRISOGONO U.S.A INC.

Officers |

Name	Title	Address
Fawaz Gruosi	President	824 Madison Avenue
		New York, New York 10021
Giovanni Mattera	Vice President	824 Madison Avenue
•		New York, New York 10021
Jules Bellamy	Secretary	824 Madison Avenue
		New York, New York 10021
Laurent Debief	Treasurer	824 Madison Avenue
		New York, New York 10021

Director

Name Address

Giovanni Mattera 824 Madison Avenue

New York, New York 10021



State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DE GRISOGONO U.S.A. INC. was filed on 11/29/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



201208030044 * 45

Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of August two thousand and twelve.

Daniel Shapiro First Deputy Secretary of State

12 AUG -3 AM 9: 49
SECRLIANY OF STATE
TALLAHASSEE, FLORIDA