

F13000005144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

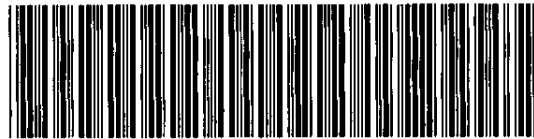
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV 21 AM 8:35

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DEPARTMENT OF STATE  
13 NOV 21 AM 10:52

Pc 12/13/2020 14:15



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 893206 5027687

AUTHORIZATION

*[Signature]*

COST LIMIT : \$720.00

ORDER DATE : November 20, 2013

ORDER TIME : 2:50 PM

ORDER NO. : 893206-005

CUSTOMER NO: 5027687

FOREIGN FILINGS

NAME: ZV NY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

893206



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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13 DEC -2 PM 4:17

November 22, 2013

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: ZV NY, INC.  
Ref. Number: W13000064615

We have received your document for ZV NY, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return 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) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 213A00026992

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ZV NY, 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:

Philippe C. M. Manteau

Name of Person

Schiff Hardin LLP

Firm/Company

666 Fifth Avenue, 17th Floor

Address

New York, New York 10103

City/State and Zip code

pmanteau@schiffhardin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philippe C.M. Manteau at ( 212 ) 753-5000

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

**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.*

1. ZV NY, 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 York 3. 26-3843528  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/25/08 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8/26/12  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 153 Mercer Street, New York, NY 10012  
(Principal office address)

153 Mercer Street, New York, NY 10012  
(Current mailing address)

8. To engage in any lawful act or activity  
(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: Corporation Service Company

Office Address: 1201 Hays Street  
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.*

Corporation Service Company

By: Sue G. Knight  
(Registered agent's signature)

**Sue G. Knight**  
**Assistant Vice President**

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.

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

**A. DIRECTORS**

Chairman: Thierry Gillier

Address: 153 Mercer Street

New York, NY 10012

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: Thierry Gillier

Address: 153 Mercer Street

New York, NY 10012

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

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

Secretary: Thierry Gillier

Address: 153 Mercer Street, New York, NY 10012

Treasurer: Richard Fettaya

Address: 153 Mercer Street, New York, NY 10012

**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. Thierry Gillier, President

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

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13 NOV 21 AM 9:35

**Addendum to Application by Foreign Corporation for**  
**Authorization to Transact Business in Florida**

**ZV NY, Inc.**

12.B.

Assistant Secretary: Philippe C.M. Manteau, Schiff Hardin LLP, 666 Fifth Avenue, 17<sup>th</sup> Floor,  
New York, NY 10103

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NY51863922.1

**State of New York  
Department of State } ss:**

*I hereby certify, that the Certificate of Incorporation of ZV NY, INC. was filed on 08/25/2008, 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.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of November  
two thousand and thirteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State