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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE KOOPLES BLOOM 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:

SALOMON KAPETAS

Name of Person

KVB PARTNERS

Firm/Company

60 BROAD STREET STE 3502

Address

NEW YORK, NY 10004

City/State and Zip code

administration@kvbpartners.com

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

For further information concerning this matter, please call:

ANAS MARRAKCHI at (646) 356 0460

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **THE KOOPLES BLOOM 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. **45-5608681**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **JUNE 29, 2012** 5. **PERPETUAL**

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. **60 BROAD STREET STE 3502, NEW YORK, NY 10004**

(Principal office address)

60 BROAD STREET STE 3502, NEW YORK, NY 10004

(Current mailing address)

8. **RETAIL SALE OF CLOTHING**

(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: **PARACORP INCORPORATED**

Office Address: **155 Office Plaza Drive, 1st Floor**

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.

(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.

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

DATE: 5/14/2015

ENTITY NAME: THE KOOPLES BLOOM

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated

15 MAY 18 PM 2:20
Tallahassee, FL 32301

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

A. DIRECTORS

Chairman: NICOLAS DREYFUS

Address: 60 BROAD STREET STE 3502
NEW YORK, NY 10004

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NICOLAS DREYFUS

Address: 60 BROAD STREET STE 3502
NEW YORK, NY 10004

Vice President: _____

Address: _____

Secretary: SALOMON KAPETAS

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

Treasurer: EMMANUEL STERN

Address: 60 BROAD STREET STE 3502, NEW YORK, NY 10004

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. SALOMON KAPETAS, SECRETARY

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE KOOPLES BLOOM INC was filed on 06/29/2012, 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.



15 MAY 18 PM 2:20
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DEPARTMENT OF STATE
ALBANY, N.Y.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 06th day of May two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State