

FL5000004418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

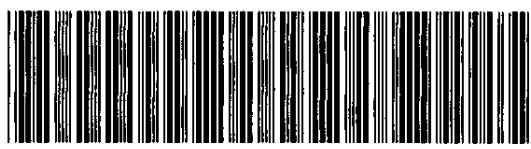
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations
aspiria usa, Inc.

SUBJECT: _____
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:
Dominik T. Hochlenert

	Name of Person
Roske Schumann & Burghart LLP	
	Firm/Company
350 Fifth Avenue, Suite 5220	
	Address
New York, NY 10118	
	City/State and Zip code
dhochlenert@rsbnyc.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Dominik T. Hochlenert	212	5844230	
_____	at (_____)	_____	_____
Name of Person	Area Code	Daytime Telephone Number	

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.

aspiria usa, Inc.

1. _____
(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)
Delaware

2. _____ 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/28/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. upon registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
350 Fifth Avenue, Suite 5220, New York, NY 10118

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
17888 67th Court North

Office Address: _____
Loxahatchee _____ 33470
(City) _____, Florida (Zip code)

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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.

Jackie DiFilippis on behalf of Incorp Services, Inc.
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Michael Kreidler

Chairman: _____

350 Fifth Avenue, Suite 5220

Address: _____

New York, NY 10118

Vice Chairman: _____

Address: _____

Frank Bruellau

Director: _____

350 Fifth Avenue, Suite 5220

Address: _____

New York, NY 10118

Steffen Wosik

Director: _____

350 Fifth Avenue, Suite 5220

Address: _____

New York, NY 10118

B. OFFICERS

Michael Kreidler

President: _____

350 Fifth Avenue, Suite 5220

Address: _____

New York, NY 10118

Vice President: _____

Address: _____

Henry Roske

Secretary: _____

350 Fifth Avenue, Suite 5220, New York, NY 10118

Address: _____

Joel Paritz

Treasurer: _____

350 Fifth Avenue, Suite 5220, New York, NY 10118

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Henry Roske, Secretary _____

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

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPIRIA 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2015.



5737384 8300

SR# 20150136300

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10075582

Date: 09-16-15