

F18000003767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

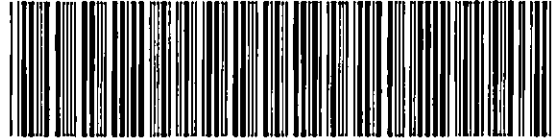
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

02544
02976 P16-4 29769
W18-73594

Office Use Only



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2018 AUG 13 PM 3:52

CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

18 AUG 13 PM 4:15

B FIGUEROA

AUG 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

CSC
EMILY

SUBJECT: INNERSENSE INC.
Ref. Number: W18000073594

RESUBMIT

Please give original
submission date as file date.

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000029769.

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) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 318A00016788

18 AUG 15 PM 1:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 343149 4722044

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 13, 2018

ORDER TIME : 3:02 PM

ORDER NO. : 343149-005

CUSTOMER NO: 4722044

FOREIGN FILINGS

NAME: INNERSENSE 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: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNERSENSE 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:

Xavier RITSCH

Name of Person

Pramex International

Firm/Company

1251 Avenue of the Americas

Address

New York, NY 10020

City/State and Zip code

xavier.ritsch@pramex.com

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

For further information concerning this matter, please call:

Xavier RITSCH

212

583 4924

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.*

1. INNERSENSE INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- INNERSENSE SOLUTIONS INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 82-5180970
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/13/2018 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Innersense Inc. at The LAB Miami, 400 NW 26th street, Miami FL 33127
(Principal office address)
- Innersense Inc. at The LAB Miami, 400 NW 26th street, Miami FL 33127
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee 32301
(City) (Zip code)

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.

Corporation Service Company

By: _____

(Registered agent's signature)

Emily Croft

Asst. Vice President

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.

2019 AUG 13 PM 3:52

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Xavier CROUILLES

Address: 10 Avenue de l'Europe,

31520 Ramonville-Saint-Agnes, FRANCE

Director: _____

Address: _____

B. OFFICERS

President: Xavier CROUILLES

Address: 10 Avenue de l'Europe,

31520 Ramonville-Saint-Agnes, FRANCE

Vice President: Emmanuel MAURETTE

Address: 400 NW 26th street,

Miami FL 33127

Secretary: Nicolas FERRY

Address: Pramex International Corp., 1251 Avenue of the Americas, 3rd fl. New York, NY 10020

Treasurer: Christine NICOLETTI

Address: 10 Avenue de l'Europe, 31520 Ramonville-Saint-Agnes, FRANCE

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. Nicolas FERRY, Corporate Secretary

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNERSENSE, 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 THIRTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNERSENSE, INC." WAS INCORPORATED ON THE TWELFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



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.

6842393 8300

SR# 20186137270

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

Authentication: 203235080

Date: 08-13-18