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(Requestor's Name)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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K. SALY FEB 2.2 2019

	INC.			East 6th Avenue. Tallahassee, Florida 32303 -7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
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1.

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. CLASQUIN USA, INC.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")

	NEW YORK 3.	13-3721301
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
	06/28/1993 55	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	
	10 Fifth Street, Valley Str	eam, NY 11581
	(Principal	office address)
	(Current mailing a	address, if different)
Name and stree	et address of Florida registered agent: (P.O.)	Box <u>NOT</u> acceptable)
Name:	Registered Agent Solutions, Inc	_ FLC
fice Address:	155 Office Plaza Dr., Suite A	
	Tallahassee	32301 , Florida
	(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.



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.

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11.	Names and business	s addresses of	officers	and/or directors:
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	FILED
11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	SECRETAD AN 6: 31
Chaiman:	
Address:	- FLORIDA
	· .
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Didier Vanderperre President:	
10 Fifth Street, Valley Stream, NY 11581 Address:	
Vice President:	
Address:	
Necretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additio	nal officers and/or directors.
12Signature of Director or Officer	· · · · · · · · · · · · · · · · · · ·
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above	
are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.	o the Department of State constitutes
13. DIDIER VANDERPERRE, President	

(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 CLASQUIN USA, INC. was filed on 06/28/1993, under the name of LAPERRIERE U.S.A., INC., 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.

A Certificate of Amendment LAPERRIERE U.S.A., INC., changing its name to CLASQUIN - LAPERRIERE USA, INC., was filed 12/27/1995.

A Certificate of Amendment CLASQUIN - LAPERRIERE USA, INC., changing its name to CLASQUIN USA, INC., was filed 07/14/2004.



201902200529 * JD

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of February two thousand and nineteen.

Whitney Clark

Whitney Clark Deputy Secretary of State

