# F1900001541

| (Rec                      | questor's Name)   |              |  |  |
|---------------------------|-------------------|--------------|--|--|
| (Add                      | dress)            |              |  |  |
| (Ádd                      | dress)            |              |  |  |
| (City                     | //State/Zip/Phone | e #)         |  |  |
| PICK-UP                   | WAIT              | MAIL         |  |  |
| (Bus                      | siness Entity Nan | ne)          |  |  |
| (Document Number)         |                   |              |  |  |
| Certified Copies          | Certificates      | of Status    |  |  |
| Special Instructions to F |                   | <del>-</del> |  |  |
|                           |                   |              |  |  |
|                           | -1/3              |              |  |  |
| W19-258                   | 89                |              |  |  |





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B. BRUCE APR 0 1 2019



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2019

SERGE MASSAT 350 LINCOLN RD, STE MASSAT MIAMI BEACH, FL 33139

SUBJECT: MAISONS DU MONDE USA, INC.

Ref. Number: W19000025889

We have received your document for MAISONS DU MONDE USA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 619A00005287

#### **COVER LETTER**

| TO: Registrat Division                                     | of Corp   | orations  |                  |        |         |   |                               |                |            |                  |
|--|---|---|------------------|--------|---------|---|-------------------------------|----------------|------------|------------------|
|  | AISONS [  | OU MONDE USA,                                     | Inc              |        |         |   |                               |                |            |                  |
| SUBJECT:   |   | Name o  | of corporat      | ion -  | must    | include suffix  |                               |                |            |                  |
| Dear Sir or Mada   | ım:   |   |                  |        |         |   |                               |                |            |                  |
| The enclosed "A "Certificate of Exabove referenced         | kistence,   | " or "Certificate                                 | of Good S        | tand   | ling" : | and check are su  |                               |                |            |                  |
| Please return all e<br>Serge Massat                        | correspo  | ndence concerni                                   | ing this ma<br>, | tter t | to the  | following:  |                               |                |            |                  |
| Massat Consulting  | Group   |   | Name             | of P   | erson   |   |                               |                |            |                  |
|  |   |   | Firm/C           | omp    | any     |   |                               |                |            |                  |
| 350 Lincoln Road,  | Suite Ma  | ssat  |                  |        |         |   |                               | سا<br>ای را    | 201        |                  |
| Miami Beach, FL,   | 33139   |   | Ac               | ldres  | 58      |   |                               | 7              | B Miss 2   | 1<br>1<br>2<br>1 |
| serge.m@massat-  | group.cor   | n   | City/Stat        | e an   | d Zip   | code  |                               | ў.,-«<br>П.,-« | - Tag      |                  |
|  |   | E-mail address                                    | s: (to be use    | ed fo  | or futu | re annual report  | notification)                 |                |            | *                |
| For further inform   | nation c  | oncerning this m                                  | natter, plea     | se ca  | all:    |   |                               | ٠.             | 1          |                  |
| Serge Massat   |   |   | 305              |        | 420     | 5935  |                               |                |            |                  |
| Name of  | Person  |   | at (<br>Area C   | Code   | _)      | Daytime Tele  | phone Numbe                   | er             |            |                  |
| Registrat<br>Division<br>Clifton E<br>2661 Exc<br>Tallahas | ion Sect<br>of Corp<br>Building<br>ecutive C<br>see, FL | Center Circle<br>32301                            |                  |        |         | MAILING A<br>Registration Division of C<br>P.O. Box 632<br>Tallahassee, | Section<br>Corporations<br>27 |                |            |                  |
| Enclosed is a che  ■ \$70.00 Filing                        |   | ne following amo  □ \$78.75 Filin  Certificate of | g Fee &          |        |         | 75 Filing Fee &<br>fied Copy  |                               |                | f Status & | હ                |

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: MAI SONS BY MONDE USA 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:  |
| SERGE T. MASSAT  Name of Person  |
| Name of Person   |
|  |
| Firm/Company   |
| 350 LINCOLN ROAD   |
| 350 LIN COLN ROAD  Address   |
| City/State and Zip code  Signal Com  E-mail address: (to be used for future annual report notification)  |
| City/State and Zip code  |
| singer t (2) and com   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| SECULE J. HASSAS at (305) Y20 - 5435  Name of Person Area Code Daytime Telephone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certificate of Status Certified Copy 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.

|                                   | orporation; must include "INCORPORATED," *orp." "Inc," "Co," or "Corp.")                               | "COMPANY," "CORPORATION,   | 1  |
|-----------------------------------|--|--|--|
| MDM MAISON                        | NS DU MONDE USA, INC   |  |  |
| (If name unavaila                 | able in Florida, enter alternate corporate name ad   | opted for the purpose of transacting                                       | business in Florida)                       |
| DELAWARE<br>2.                    |  | 51-1885335   |  |
| (State or countr<br>04.26.2018    | y under the law of which it is incorporated)   | (FEI number, if app  |  |
| (Date                             | of incorporation) 5  | (Date of duration, if other t  | han perpetual)                             |
| 5.                                |  |  |  |
| LE PORTEREAU                      | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.150)<br>J - VERTOU - 44120 FRANCE | Ilorida, if prior to registration)  2, F.S., to determine penalty liabilit | у)   |
| ·                                 | (Principal   | l office address)  | 20   |
| 350 LINCOLN F                     | ROAD, SUITE MASSAT, MIAMI BEACH, FL.   | ·  | 2019 HI                                    |
|                                   | (Current mailing   | address, if different)   | 101 R 29                                   |
|                                   | et address of Florida registered agent: (P.O.  | Box NOT acceptable)  | <b>3</b>                                   |
| 3. Name and <u>stree</u>          |  |  |  |
| 3. Name and <u>stree</u><br>Name: | PA2NOM CORP  |  | 10 P                                       |
|                                   | PA2NOM CORP  350 LINCOLN ROAD, SUITE MASSAT  | <del>_</del>   | 記しま  |
| Name:                             |  | <br><br>, Florida  | (A) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D |

#### 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.

(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 **GILLES PETIT** Chairman: LE PORTEREAU - VERTOU - 44120 FRANCE ARNAUD LOUET Director: LE PORTEREAU - VERTOU - 44120 FRANCE CATHERINE FILOCHE Director: LE PORTEREAU - VERTOU - 44120 FRANCE Address: \_ B. OFFICERS GILLES PETIT President: LE PORTEREAU - VERTOU - 44120 FRANCE Address: Vice President: ARNAUD LOUET Secretary: LE PORTEREAU - VERTOU - 44120 FRANCE CATHERINE FILOCHE Treasurer: LE PORTEREAU - VERTOU - 44120 FRANCE NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S. ARNAUD LOUET. DIRECTOR AND SECRETARY

13.

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAISONS DU MONDE 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 TWENTY-SECOND DAY OF FEBRUARY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAISONS DU MONDE USA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 202308044

Date: 02-22-19