5/22/2020

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H200001901793ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_\_\_

# FOREIGN PROFIT/NONPROFIT CORPORATION ROUTIN AMERICA, INC.

Certificate of Status	0
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### **COVER LETTER**

	istration Section ision of Corporati	ons			
SURIFCT	Routin America	, Inc.			
5517.150.1	•	Name of corporation	on - must i	nelude suffix	
Dear Sir or	Madam:				
"Certificate	of Existence," or	Foreign Corporation for "Certificate of Good Stoporation to transact busings."	anding" ar	id check are sub	t Business in Florida," nitted to register the
Please retur	n all corresponde	nce concerning this matt	er to the f	ollowing:	
		Name o	of Person	*	
Routin Ame	rica, Inc.				
		Firm/Co	ompany		
215 Park Av	enue South				
		Ade	dress		
New York,	VY 10003				
		City/State	and Zip c	ode	
_	<u> </u>	mail address: (to be use	d for futur	e annual report r	otification)
For further	information conc	erning this matter, please	e call:		
		at (	)		
Na	me of Person	at ( Area Co	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is Please make	a check for the for check payable to: I Filing Fee	ollowing amount: FLORIDA DEPARTMER \$78.75 Filing Fee & Certificate of Status	□ \$78.7.	ATE 5 Filing Fee & Ted Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

H20000190179.3

### 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.

(It name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-	
2. New Jersey	New Jersey 3. 22-3461414 .		_	
08/06/1996	y under the law of which it is incorporated)	(FEI number, if applicable)	_	
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6. Upon filing	,		_	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 215 Park Avenue	e South, New York, NY 10003		- 🗠	
	(Principal off	fice street address)	2020 J	$\neg$
	(Current maili	ng address, if different)	JUN 22	TLE
8. Name and stre	et address of Florida registered agent: (P.0	O. Box NOT acceptable)		I
Name:	Corporation Service Company			<u> </u>
Office Address:	1201 Hays Street		AM 11: 09	
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		
Having been nar designated in thi further agree to and I am familia	s application, I hereby accept the appoint comply with the provisions of all statutes r with and accept the obligations of my pe	rice of process for the above stated corporation at the ment as registered agent and agree to act in this capi relative to the proper and complete performance of no sition as registered agent.	acity. I	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS					
□Chairman	Name: Loie Couilloud	Chairman	Name: 215 Park Avenue South		
□ Vice Chairman	215 Park Avenue South	□Vice Chairman			
Director	New York, NY 10003	□Director	New York, NY	10003	
President		[]President			
□Vice President		☐Vice President			
□Secretary	Cl Treasurer	Secretary		☐Treasurer	
□Other	LI)Other	□Other		Other	
□Chairman	Christophe Chevignard	□Chairman	Name:		
□Vice Chairman	215 Park Avenue South	□Vice Chairman	Address:	- Cá	
□ Director	New York, NY 10003	Director			
□President		□President		グジャン	
□Vice President		□ Vice President		THO THE	
□ Secretary	₩ Freasure:	Secretary		Treasurer ORD OP	
□Other	□ Other	□ Other		Other 09	
∐Chairman	Name:	□Chairman	Name:		
	Address:	□Vice Chairman			
☐ Director	Address.	Director			
President		□President			
		□Vice President			
[]Secretary	□ Treasurer	□Secretary		[]Treasurer	
ClOther		□Other		□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The atta- added to the index when filing your Florida Departme	chment will be image ent of State Annual R	ed for reporting pur oport form.	tposes only. Non-indexed	
12	Signature of Director of	or Officer	<u>.                                    </u>		
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms-ti	tial the lacts stated utes a third degree	herein are true and that he or felony as provided for in	
13. Christophe	Chevignard, Treasurer (Typed or printed name and capacity of person	ou cionina apulication		·	
	(1 yped or printed name and capacity of perso	on sithing application	*/		

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## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

ROUTIN AMERICA, INC. 0100674742

I, the Treasurer of the State of New Jersev, do hereby certify that the above-named New Jersev Domestic For-Profit Corporation was registered by this office on August 06, 1996.

Said business was Revoked for Failure to Pay Annual Reports on March 16, 2016, and as of the date of this certificate, has not been reinstated.

I further certify that the last registered agent and registered office of record were:

> COGENCY GLOBAL INC 14 SCENIC DRIVE DAYTON, NJ 08810



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of June, 2020

ate of Muse

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6108228231

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/ISP/Verify\_Cert.jsp