## F21000003424

| (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: |  |  |  |  |  |
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6/18/2021

**NAME**: ONEASTON USA, INC.

TYPE OF FILING: APPLICATION

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RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abhie Hodge

## **COVER LETTER**

| TO:                                       |                                 | tration Section on of Corporations  |                    |  |  |  |  |  |
|---|---------------------------------|---|--------------------|--|--|--|--|--|
| SUBJ                                      | ECT:                            | OneAston USA, Inc.  |                    |  |  |  |  |  |
| Name of corporation - must include suffix |                                 |   |                    |  |  |  |  |  |
| Dear S                                    | ir or M                         | adam:   |                    |  |  |  |  |  |
| "Certif                                   | ficate of                       | "Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra  | of Good Stand      | Authorization to Transact Business in Florida,"<br>ling" and check are submitted to register the<br>is in Florida. |  |  |  |  |
| Please                                    | return                          | all correspondence concernin  | g this matter      | to the following:  |  |  |  |  |
| Baptist                                   | e Laffor                        | nd  |                    |  |  |  |  |  |
|   |                                 |   | Name of l          | Person   |  |  |  |  |
| ОпсАв                                     | ton USA                         | , Inc.  |                    |  |  |  |  |  |
|   |                                 |   | Firm/Com           | pany   |  |  |  |  |
| 121 W                                     | est 36th                        | S <del>treet</del> , #237   |                    |  |  |  |  |  |
|   |                                 |   | Addre              | 85   |  |  |  |  |
| New Y                                     | ork, NY                         | 10018   |                    |  |  |  |  |  |
|   |                                 |   | City/State at      | nd Zip code  |  |  |  |  |
| blaffon                                   | d@lisar                         | ifinance.com  |                    |  |  |  |  |  |
|   |                                 | E-mail address:   | (to be used f      | or future annual report notification)  |  |  |  |  |
| For fur                                   | rther ini                       | formation concerning this ma  | itter, please c    | all:   |  |  |  |  |
| Baptiste Laffond                          |                                 | at (  | 849-3795           |  |  |  |  |  |
|   | Nam                             | e of Person   | Area Code          | Daytime Telephone Number   |  |  |  |  |
|   | Regis<br>Divis<br>The C<br>2415 | EET/COURIER ADDRESS<br>tration Section<br>ion of Corporations<br>Centre of Tallahassee<br>N. Monroe Street, Suite 810<br>nassee, FL 32303 | :                  | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                 |  |  |  |  |
| Please                                    | make ch                         | check for the following amoreck payable to: FLORIDA DEing Fee   | PARTMENT<br>Fœ & □ | OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

| (If name unavaila  | ble in Florida, enter alternate corporate name a  | dopted for the purpose of transacting bus   | inces in Florida)                              |                |
|--|---|---|--|----------------|
| 2. DE  | 3.  | 33-4663844  |  |                |
|  | under the law of which it is incorporated)  | (FEI number, if applicat  | ble)   |                |
| 4. 5/1/2019  | 5.  | NA.   |  |                |
| (Date  | of incorporation)   | (Date of duration, if other than p  | erpetual)                                      |                |
| 6. 6/1 <b>/202</b> 1   |   |   |  |                |
|  | (Date first transacted business in<br>(SEE SECTIONS 607.1501 & 607.15   | · •   |  |                |
| 7. 6151 Toscana Dri  | ve, Apt 1, 128, Davir, FL 33314   |   |  |                |
|  |   | c <u>street</u> address)  |  |                |
| 121 West 36th Str  | cet, #237, New York, NY, 10018  |   |  |                |
|  | (Comer mailies  | address, if different)  |  |                |
|  | (Curent maning  | aoureis, ii different)  | 6  |                |
|  | <b>,</b>  | , , ,   |  |                |
| 8. Name and stree  | t address of Florida registered agent: (P.O   | , , ,   | <br>   |                |
| 8. Name and <u>stree</u><br>Name:  | <b>,</b>  | , , ,   | <br>81 i.u. 1200                               | -:             |
| Name:  | t address of Florida registered agent: (P.O.  | , , ,   | . :<br>  | <del>-</del> - |
| Name:  | t address of Florida registered agent: (P.O<br>Corp2000, Inc.<br>155 Office Plaza Dr, Suite A   | Box NOT acceptable)   | 021.1171 18 PH 12                              | <del>-</del> : |
|  | t address of Florida registered agent: (P.O<br>Corp2000, Inc.<br>155 Office Plaza Dr, Suite A<br>Tallahassee  | Box NOT acceptable)   | 021.077118 PH12:0                              | <del>-</del>   |
| Name:<br>Office Address:   | t address of Florida registered agent: (P.O. Corp2000, Inc.  155 Office Plaza Dr, Suite A  Tallahassee  (City)  | Box NOT acceptable)   | 021.117116 PH12: 05                            | -<br>          |
| Name: Office Address:  9. Registered age Having been nam- designated in this                     | t address of Florida registered agent: (P.O. Corp2000, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm  | Box NOT acceptable) , Florida 32301 (Zip code)  e of process for the above stated corpent as registered agent and agree to  | poration at the place<br>act in this capacity. |                |
| Name: Office Address:  9. Registered age Having been name designated in this further agree to co | t address of Florida registered agent: (P.O. Corp2000, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept service  | Box NOT acceptable) , Florida 32301, Florida (Zip code)  e of process for the above stated corpent as registered agent and agree to lative to the proper and complete per | poration at the place<br>act in this capacity. |                |
| Name: Office Address:  9. Registered age Having been name designated in this further agree to co | t address of Florida registered agent: (P.O. Corp2000, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmental possible with the provisions of all statutes re | Box NOT acceptable) , Florida 32301, Florida (Zip code)  e of process for the above stated corpent as registered agent and agree to lative to the proper and complete per | poration at the place<br>act in this capacity. |                |
| Name: Office Address:  9. Registered age Having been name designated in this further agree to co | t address of Florida registered agent: (P.O. Corp2000, Inc.  155 Office Plaza Dr., Suite A  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmental possible with the provisions of all statutes re | Box NOT acceptable) , Florida 32301, Florida (Zip code)  e of process for the above stated corpent as registered agent and agree to lative to the proper and complete per | poration at the place<br>act in this capacity. |                |

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]:

| A. DIRECTORS  |                                 |                 |   |  |  |  |  |
|---|---------------------------------|-----------------|---|--|--|--|--|
| ☐ Chairman  | Name: David Mark White          | ☐ Chairman      | Name:                                   |  |  |  |  |
| □Vice Chairman  | Address: 121 West 36th St, #237 | □Vice Chairman  | Address:                                |  |  |  |  |
| Director  | New York, NY 10018              | □Director       |   |  |  |  |  |
| President   |                                 | President       |   |  |  |  |  |
| □Vice President   |                                 | □Vice President |   |  |  |  |  |
| Secretary   | Treescurer                      | Secretary       | Treasurer                               |  |  |  |  |
| □Other  | Other                           | □Other          | Other                                   |  |  |  |  |
|   |                                 |                 |   |  |  |  |  |
| Chairman  | Name:                           | Chairman        | Name:                                   |  |  |  |  |
| ∐Vice Chairman  | Address:                        | □Vice Chairman  | Address:                                |  |  |  |  |
| □Director   |                                 | □Director       | <del></del>                             |  |  |  |  |
| President   |                                 | ☐ President     |   |  |  |  |  |
| □Vice President   |                                 | □Vice President | *************************************** |  |  |  |  |
| Secretary   | [] Treasurer                    | ☐ Secretary     | □Treasure                               |  |  |  |  |
| ☐Other  |                                 | □Other          | Other                                   |  |  |  |  |
|   |                                 |                 |   |  |  |  |  |
| □ Chaiπnan  | Name:                           | Chairman        | Name:                                   |  |  |  |  |
| □Vice Chairman  | Address:                        | □Vice Chairman  | Address:                                |  |  |  |  |
| □Director   |                                 | Director        |   |  |  |  |  |
| □ President   |                                 | ☐ President     |   |  |  |  |  |
| ☐Vice President   |                                 | □Vice President |   |  |  |  |  |
| Secretary   | ☐ Treasurer                     | ☐ Secretary     | ☐ Treasurer                             |  |  |  |  |
| □Other  | Other                           | □Other          | Other                                   |  |  |  |  |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form.   |                                 |                 |   |  |  |  |  |
| 12  | Signature of Director or        |                 |   |  |  |  |  |
| 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 David White, CEO   |                                 |                 |   |  |  |  |  |

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

DELAWARE, DO HEREBY CERTIFY "ONEASTON 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 JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONEASTON USA, INC" WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2019.

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

Authentication: 203463485

Date: 06-16-21