

F21000004780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

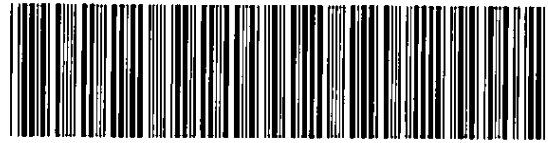
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 18 PM 2:38
TALLAHASSEE, FLORIDA

FILED
21 AUG 18 PM 2:05
TALLAHASSEE, FLORIDA

10/6/21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

POUSKA, INC

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POUSKA 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:

ARNOLD M. STRAUS, JR.

Name of Person

STRAUS & ASSOCIATES P.A.

Firm/Company

10081 Pines Blvd., Ste. C

Address

Pembroke Pines, Florida 33024

City/State and Zip code

ssStraus@strauslegal.com

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

For further information concerning this matter, please call:

Arnold M. Straus, Jr.

at (954) 431-2000

Name of Person

Area Code

Daytime Telephone 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 a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. POUSKA INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. BELGIUM 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 12, 2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 10081 PINES BLVD., STE. C, PEMBROKE PINES, FLORIDA 33024
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ARNOLD M. STRAUS, JR.

Office Address: 10081 PINES BLVD., STE. C
PEMBROKE PINES, Florida 33024
(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.


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

FILED
21 AUG 18 PM 2:08
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: JO MIZRAHI
☐ Vice Chairman Address: 10081 PINES BLVD., STE. C
☐ Director PEMBROKE PINES, FLORIDA 33024
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

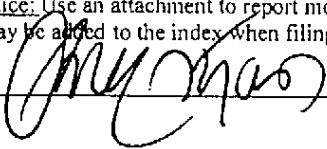
☐ Chairman Name: ARNOLD M. STRAUS, JR.
☐ Vice Chairman Address: 10081 PINES BLVD., STE. C
☐ Director PEMBROKE PINES, FLORIDA 33024
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 filing your Florida Department of State Annual Report form.

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. ARNOLD M. STRAUS, JR., VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. Land/Pays/Land	BELGIË - BELGIQUE - BELGIEN
2. Deze openbare akte is ondertekend door : Le présent acte a été signé par : Diese öffentliche Urkunde ist unterschrieben von :	Boveroux Fabienne
3. Handelend in hoedanigheid van : Agissant en qualité de : In seiner/ihrer Eigenschaft als :	Gemachtigde persoon/Personne habilitée/Ermächtigten Person
4. Is voorzien van het zegel van : Est revêtu du sceau de : Sie ist versehen mit dem Siegel des/der :	Securex
<i>Voor echt verklaard / Attesté / Bestätigt</i>	
5. Te Brussel/A Bruxelles/In Brüssel	6. Op/Le/Am : 03/08/2021
7. Door FOD Buitenlandse Zaken, Buitenlandse Handel en Ontwikkelingssamenwerking Par le SPF Affaires étrangères, Commerce extérieur et Coopération au Développement Durch FÖD Auswärtige Angelegenheiten, Außenhandel und Entwicklungszusammenarbeit	
8. Onder Nr./Sous le n°/Unter Nr. : 210873846553	
9. Stempel/Sceau/Stempel:	10. Ondertekening/Signature/Unterschrift:
	

Prijs/Prix/Preis: **20.00 EUR**

Deze Apostille waarborgt de authenticiteit van de inhoud van het document niet. Cette Apostille ne garantit pas l'authenticité du contenu du document. Diese Apostille dient nicht dem Beweis des Authentizitäts des Inhalts des Dokuments.	
Ongeldige elektronische handtekening? Signature électronique invalide? Ungültige elektronische Unterschrift?	
Deze Apostille controleren? Vérifier cette Apostille? Diese Apostille überprüfen?	
legalis.cb.diplomatic.be/help	



FPS Economy, S.M.E.s, Self-employed and Energy

Crossroads Bank of Enterprises, 0314.595.348

FULL EXTRACT OF THE DETAILS OF A REGISTERED ENTITY (LEGAL PERSON)

Company Number 0473.818.670
Company Name POUSKA
Situation on 05/12/2000 Until an undetermined date

Name

Type	Language	Name	Start Date	End Date
Name	French	POUSKA	05/12/2000	

Registered seat

Address	Start Date	End Date
Rue du Bien-Faire 14 1170 Watermael-Boitsfort Belgium Additional address info	05/09/2019	
Square Coghen 51 1180 Uccle Belgium Additional address info	16/11/2018	04/09/2019
Avenue Herbert Hoover 52 1200 Woluwe-Saint-Lambert Belgium Additional address info	06/02/2012	15/11/2018
Avenue Coghen 51 1180 Uccle Belgium Additional address info	05/12/2000	05/02/2012

General Information

Start date entity 05/12/2000
End date entity

Legal Situation	Status	Start Date	End Date
Normal situation	Active	15/01/2001	
Legal creation	Legal creation	05/12/2000	14/01/2001

Legal form	Start Date	End Date
Public limited company	01/11/2018	
Civil society in the form of a public limited company	05/12/2000	31/10/2018

Functions	Last Name, first Name	Registered entity	Reason for termination	Start Date	End Date
Board member	Vanderelst Nardy			16/11/2018	
Board member	Czarnocki Etienne		Dismissal	06/02/2012	16/11/2018
Board member	Czarnocki Christine		Dismissal	05/12/2000	16/11/2018
Managing Director	Mizrachl Jo			16/11/2018	
Managing Director	Czarnocki Christine		Dismissal	06/02/2012	16/11/2018

Characteristic	Phase	Duration	Reason for termination	Start Date	End Date
Enterprise subject to registration	Characteristic/authorisation acquired	undetermined		27/07/2021	

Financial Details

Share capital (Capital Stock) 0.00

Currency

Duration of the entity

General assembly	End Date Financial Year	Start Date Exceptional Year	End Date Exceptional Year	Start Date	End Date
May	31/12			05/12/2000	

Bank Accounts

Use	BIC	Bank account number	Bank account number	Start Date	End Date
For all purposes	GEBABEBB	001 8742586 52	BE64001874258652	05/12/2000	

External Identifiers

Trade register number 01 766.137

There is no data available for the following sections: Authorisations, Entrepreneurial skills - Ambulant commerce - Fairground operator, Working partners :, Ex-officio striking off, Activities, Links between registered entities

Establishment unit number 2.319.721.544
Name POUSKA
Situation on 05/12/2000 **Until an undetermined date**

Registered entity

Name POUSKA
Company Number 0473.818.670
Legal Situation Normal situation
Start date entity 05/12/2000
End date entity

Name

Type	Language	Name	Start Date	End Date
Trade name	French	POUSKA	16/11/2018	

Address

Address	Start Date	End Date
Rue du Bien-Faire 14 1170 Watermael-Boitsfort Belgium Additional address info	16/11/2018	

General Information

Start date establishment unit 16/11/2018
End date establishment unit
Start date link between entities 16/11/2018
End date link between entities

Activities	NACEBEL	Version	Type	Start Date	End Date
Activities					
Renting and operating of own or leased real estate, excluding social housing	68201	2008	Main activity	16/11/2018	
Rental and operating of own or leased real estate, except land	68203	2008	Main activity	16/11/2018	
Land rental and operation	68204	2008	Main activity	16/11/2018	

(*) Classification of Activities (NACEBEL) has been amended on 1/1/2008. The extract contains both the existing activities under the old classification of 2003, valid until 31/12/2007, as the new classification of 2008, valid from 1/1/2008. It is therefore a purely administrative conversion and no change in the activities of the registered entity or business location.

Document issued in accordance with Article III.34 §1 of the Code of Economic Law
The legal terms were translated literally. These terms refer to concepts specific to Belgian law. It is therefore necessary to refer to the Belgian legislation in force in order to determine their scope.