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| (Requestor's Name) | | | | | |
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| (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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7

COVER LETTER

| TO: | Registration Section Division of Corpora | | | | | |
|--------|--|--|----------------|----------|---|--|
| SHRJ | IECT: MESSIKA NI | EW YORK LLC | | | | |
| 300 | | Name of o | corporation - | must i | nclude suffix | |
| Dear S | Sir or Madam: | | | | | |
| "Certi | nclosed "Application ficate of Existence," (referenced foreign co | or "Certificate of | Good Stand | ing" an | d check are subr | t Business in Florida," mitted to register the |
| Please | return all correspond | lence concerning | this matter t | o the fo | ollowing: | |
| FRED | ERIC BLANCHARD | | | | | |
| | | | Name of P | erson | | |
| ORCO | M US INC | • | | • | | • |
| | | | Firm/Comp | any | | |
| 60 BR | OAD ST SUITE 3502 | | | | | |
| | | | Addres | 8 | | · · · · · · · · · · · · · · · · · · · |
| NEW ' | YORK NY 10004 | | | | | |
| | | (| City/State and | I Zip co | ode | |
| МДЛП | re@orcomus.com | • | | - | | - |
| | Ī | E-mail address: (t | to be used fo | r future | annual report n | otification) |
| For fu | rther information con | cerning this matt | er, please ca | ll: | | |
| FREDI | ERIC BLANCHARD | at | (646 | 35604 | 4 80 | |
| | Name of Person | | Area Code | | Daytime Teleph | one Number |
| | STREET/COURING Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32 | n ations hassee reet, Suite 810 | | • | MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F. | ection rporations |
| Please | sed is a check for the make check payable to: 0.00 Filing Fee | | ARTMENT (| \$78.75 | TE Filing Fee & ed 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.

| MESSIKA NEV | MESSIKA NEW YORK LLC | | | | | | | | | |
|-------------------------|---|--|----------------------------|--|--|--|--|--|--|--|
| (Enter name of c | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp,") | | | | | | | | | |
| (If name unavail | lable in Florida, enter alternate corporate nam | e adopted for the purpose of transaction | ng business in Florida) | | | | | | | |
| 2. NEW YORK | 3 | 61-1957969 | | | | | | | | |
| (State or count) | ry under the law of which it is incorporated) | (FEI number, if a | | | | | | | | |
| (Date of incorporation) | | 5(Date of duration, if other than perpetual) | | | | | | | | |
| 6. 3/1/2022 | | | | | | | | | | |
| 0 | | in Florida, if prior to registration) 1502, F.S., to determine penalty liabil | lity) | | | | | | | |
| 7 19501 BISCAYN | NE BLVD MIAMI FLORIDA 33180 | | • | | | | | | | |
| , <u>-</u> | (Principal of | fice street address) | | | | | | | | |
| 60 BROAD ST S | SUITE 3502 NEW YORK NY 10004 | | | | | | | | | |
| | (Current mail | ing address, if different) | | | | | | | | |
| | | | | | | | | | | |
| 8. Name and street | et address of Florida registered agent: (P. | O. Box NOT acceptable) | 2022 SE | | | | | | | |
| Name: | MESSIKA AVENTŲRA LLC | | F. I | | | | | | | |
| Office Address: | 19501 BISCAYNE BLVD | -9 | | | | | | | | |
| | MIAMI | , Florida | HAY -9 AH 7: 30 | | | | | | | |
| | (City) | (Zip code) | 7: | | | | | | | |
| Q Pagistared on | ent's acceptance: | | 36 107 | | | | | | | |
| | ent's acceptance. 1ed as registered agent and to accept serv | vice of process for the above state | d corporation at the place | | | | | | | |
| further agree to c | application, I hereby accept the appoint comply with the provisions of all statutes | relative to the proper and comple | | | | | | | | |
| ana 1 am jamiliai | r with and accept the obligations of my p | osition as registerea agent. | | | | | | | | |
| • | | 2 · | • | | | | | | | |
| | | | | | | | | | | |
| _ | (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.

| A. DIRECTORS | | | | | | | | |
|---|---|-----------------|------------|--|--|--|--|--|
| □Chairman JEAN BAPTISTE SASSINE | | □Chairman | Name: | | | | | |
| □Vice Chairman | Vice Chairman Address: 60 BROAD ST SUITE 3502 | | Address: | | | | | |
| □Director | NEW YORK NY 10004 | □Director | | | | | | |
| President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| ☐ Secretary | □Treasurer | □Secretary | □Treasurer | | | | | |
| □ Other | □Other | Other | □Other | | | | | |
| □ Chairman | 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 | | | | | |
| □Chairman | Name: | Chairman | Name: | | | | | |
| □ Vice Chairman | Address: | □Vice Chairman | Address: | | | | | |
| □Director | | □Director | | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| ☐ Secretary | □Treasurer | □Secretary | □Treasurer | | | | | |
| □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 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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MESSIKA NEW YORK LLC

DOS ID Number: 5688213

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/14/2020

Statement Status: CURRENT Statement Due Date: 01/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 03, 2022 at 10:05 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State