## F22000003736

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ad                                     | idress)            |           |  |  |
| (Ad                                     | ldress)            |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |
| (Bu                                     | isiness Entity Nam | e)        |  |  |
| (Do                                     | ocument Number)    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |

Office Use Only



000382358180

2022 JUN 15 AM 11: 29

K. Brumbley



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

|          |          | ACCOUNT                | NO. :          | 1200000     | 00195   |
|----------|----------|------------------------|----------------|-------------|---------|
|          |          | REFERE                 | NCE :          | 743303      | 7545742 |
|          |          | AUTHORIZAT             | 'ION :         | Sorell      | Leman   |
|          |          | COST LI                | MIT :          | \$ 70-00    | HI.O.   |
| ORDER I  | DATE :   | June 14, 202           | 2              |             |         |
| ORDER '  | TIME :   | 8:33 AM                |                |             |         |
|          |          | 743303-005             |                |             |         |
|          |          | 7545742                |                |             |         |
| 2001011  | LIC NO.  | 7343742                |                |             |         |
|          |          |                        |                |             |         |
|          |          | <u>FORET</u>           | GN FILI        | <u>.NGS</u> |         |
|          |          |                        |                |             |         |
|          | NAME:    | DELSEY LU              | GGAGE,         | INC.        |         |
|          |          |                        |                |             |         |
| <u> </u> | QUALIFIC | CATION (TYP            | E: <u>CO</u> ) |             |         |
| PLEASE   | RETURN   | THE FOLLOWIN           | G AS PR        | OOF OF F    | ILING:  |
| XX       | PLAIN    | FIED COPY STAMPED COPY |                | TNC         |         |
|          | _ CERTII | FICATE OF GOO          | D STAND        | ING         |         |

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## **COVER LETTER**

| TO:  |          | tration Section ion of Corporations                                      |  |          |  |  |
|--|----------|--|--|----------|--|--|
| SUBJ   | ECT:     | DELSEY LUGGAGE R   | NC.  |          |  |  |
| 2020   | 2011     | Na   | me of corporation  | on - m   | ust include suffix                         |  |
| Dear S   | ir or M  | adam:  |  |          |  |  |
| "Certif  | icate of | "Application by Foreig<br>Existence," or "Certificed foreign corporation | cate of Good St  | anding   | and check are sub:                         |  |
| Please   | return a | all correspondence cond  | erning this matt   | er to t  | he following:                              |  |
| Stephar  | nic A. P | evenage  |  |          |  |  |
|  |          |  | Name o   | f Pers   | on   |  |
| THE N  | ILSON    | LAW GROUP, PLLC  |  |          |  |  |
|  |          |  | Firm/Co  | mpan     | y  |  |
| 10 East  | 40th St  | reet, Suite 3310   |  |          |  |  |
|  |          | <del></del>  | Add  | lress    |  |  |
| New Y  | ork, NY  | 10016  |  |          |  |  |
|  |          |  | City/State   | and Z    | ip code                                    |  |
| spevena  | agc@nil  | sonlaw.com   |  |          |  |  |
|  |          | E-mail add   | ress: (to be used  | l for fu | iture annual report n                      | otification)   |
| For fur  | ther inf | ormation concerning th   | is matter, please  | call:    |  |  |
| Stephar  | nie A. P | evenage  | at ( 212   | , 6      | 587-1155                                   |  |
|  | Name     | of Person  | Area Co  | de       | Daytime Teleph                             | ione 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 |          |  |  |
| Enclose<br>Please n<br>□ \$70.   | nake ch  |  | A DEPARTMEN  | □ \$78   | STATE<br>3.75 Filing Fee &<br>rtified Copy | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

|                                | able in Florida, enter alternate corporate name add   | opted for the purpose of transacting  | g business in Florida)                |
|--------------------------------|---|---------------------------------------|---------------------------------------|
| Delaware                       | 3   | (FEI number, if app                   |                                       |
| (State or counti               | y under the law of which it is incorporated)  | (FEI number, if app                   | olicable)                             |
| 10/12/1984                     | 5.,   | (Date of duration, if other the       |                                       |
| (Date                          | of incorporation)   | (Date of duration, if other the       | nan perpetual)                        |
| 03/01/2017                     |   |                                       |                                       |
|                                | (Date first transacted business in F. (SEE SECTIONS 607.1501 & 607.1502   |                                       | v)                                    |
|                                | •   | , 1 .5., to determine penalty maonit  | ; )                                   |
| 6090 Dorsey Ros                | d. Suite C. Hanover, Maryland 21076   |                                       |                                       |
| 6090 Dorsey Roa                | d, Suite C, Hanover, Maryland 21076   | ctreet address)                       |                                       |
| 6090 Dorsey Roa                | d, Suite C, Hanover, Maryland 21076 (Principal office   | street address)                       |                                       |
| 6090 Dorsey Roa                | (Principal office   |                                       | -:. 1                                 |
| 6090 Dorsey Roa                | (Principal office   | street address) ddress. if different) | 7207                                  |
|                                | (Principal office   | ddress. if different)                 | 10 7 707                              |
| Name and stree                 | (Principal office   | ddress. if different)                 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|                                | (Principal office  (Current mailing a  et address of Florida registered agent: (P.O. E  Corporation Service Company | ddress. if different)                 |                                       |
| Name and stree                 | (Principal office<br>(Current mailing a<br>et address of Florida registered agent: (P.O. E                          | ddress. if different)                 | <u>.</u>                              |
| Name and <u>stree</u><br>Name: | (Principal office  (Current mailing a  et address of Florida registered agent: (P.O. E  Corporation Service Company | ddress. if different)                 | 2022 JUN 15 AM 8: 5                   |

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.

Corporation Service Company

| A. DIRECTORS   | Yuseli Bałmaseda Del Toro  |  | Maximilien Bayle                   |  |  |
|--|--|--|------------------------------------|--|--|
| □Chairman  | Name: 6090 Dorsey Road, Suite C  | □ Chairman   | Name:                              |  |  |
| □Vice Chairman   | Address:   | □Vice Chairman   | Address: 6090 Dorsey Road, Suite C |  |  |
| Director   | Hanover, Maryland 21076  | □Director  | Hanover, Maryland 21076            |  |  |
| □President   |  | □President   |                                    |  |  |
| □Vice President  | <u></u>  | □Vice President  |                                    |  |  |
| 置Secretary   | Treasurer  | ☐ Secretary  | <b>■</b> Treasurer                 |  |  |
| □Other   | Other  | Other  | Other                              |  |  |
| ■ Director  □ President  | Name: Davide Traxler  Address: 6090 Dorsey Road, Suite C  Hanover, Maryland 21076   □Treasurer  □Other | □Chairman □Vice Chairman □Director □President □Vice President □Secretary | Name:                              |  |  |
| ☐Chairman ☐Vice Chairman ☐Director ☐President  | Address:  Geoffrey Koch  Address:  6090 Dorsey Road, Suite C  Hanover, Maryland 21076                  | □Chairman □Vice Chairman □Director □President                            | Name:                              |  |  |
| □Vice President  |  | □Vice President  |                                    |  |  |
| Secretary  | □Treasurer   | 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.  Geoffrey Koch, President |  |  |                                    |  |  |

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DELSEY LUGGAGE 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 FOURTEENTH DAY OF JUNE, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELSEY LUGGAGE INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 1984.

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

Authentication: 203678694

Date: 06-14-22

2046098 8300 SR# 20222722379