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S. FRANKLIN

SFP 1 7 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ALLINON			
SUBJECT:		n - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence		Authorization to Transact Business in nding" and check are submitted to regisess in Florida.	
Please return all correspo	ondence concerning this matte	er to the following:	
MICHEL DELMULLE			
	Name of	Person	
ALLINOX USA INC			
	Firm/Cor	npany	207
200 CENTRAL AVE, 4TH FLOOR		2022 CT	
	Addi	ress	ر .
ST. PETERSBURG, FL 3.	3701		$\bar{\omega}$
	City/State a	and Zip code	=======================================
michel@allinox-usa.com			 ப்
	E-mail address: (to be used	for future annual report notification)	
For further information of	oncerning this matter, please	call:	
JENNIFER LOLLIS	404 at (de) 520-6306 Daytime Telephone Number	
Name of Person	Area Coo	de Daytime Telephone Number	
Registration Sec Division of Corp The Centre of Ta	orations allahassee Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable ☐ \$70.00 Filing Fee	to: FLORIDA DEPARTMEN	□ \$78.75 Filing Fee & □ \$87.50	ate of Status &

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. ALLINOX USA	AINC			
	orporation; must include "INCORPORATED, forp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)	
2. DELAWARE, USA (State or country under the law of which it is incorporated)		27-2223308		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 04/12/2010	5.			
(Date of incorporation)		(Date of duration, if other than perp	(Date of duration, if other than perpetual)	
6. 09/01/2022				
_ 200 CENTRAL /	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 AVE, 4TH FLOOR ST. PETERSBURG, FL 3.	502, F.S., to determine penalty liability)		
<i>I</i>	(Principal off	ce street address)		
SAME				
	(Current maili	ng address, if different)	2627 ET 1 1 3	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	MICHEL DELMULLE		こ	
Office Address:	200 CENTRAL AVE, 4TH FLOOR		Pil 5	
	ST. PETERSBURG	Florida	5: 21	
	(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.



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 MICHEL DELMULLE ANDY DENNEQUIN □Chairman □ Chairman 200 CENTRAL AVE 200 CENTRAL AVE □ Vice Chairman Address: □ Vice Chairman Address: 4TH FLOOR 4TH FLOOR □ Director □ Director ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 President □President □ Vice President □ Vice President □ Secretary ☐ Treasurer ■ Secretary Treasurer □Other □Other _____ □Other _____ FILIP DELMULLE ☐ Chairman □Chairman Name: _____ 200 CENTRAL AVE ☐ Vice Chairman Address: ☐ Vice Chairman Address: 4TH FLOOR Director □Director ST. PETERSBURG, FL 33701 □President □President □Vice President _____ ☐ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □Other _____ □Other ☐ Other ☐ Chairman □Chairman Namet □ 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 tiling your Florida Department of State Annual Report form. 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.

, JENNIFER LOLLIS, ATTORNEY IN-FACT



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

DELAWARE, DO HEREBY CERTIFY "ALLINOX 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 TWENTY-NINTH DAY OF AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

13 PI 5: 21



Authentication: 204272572

Date: 08-29-22