

F25000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

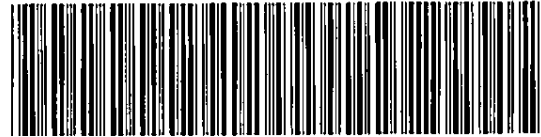
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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2025 JAN -2 PM 1:18

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/02/2025

Acc#I20160000072

en: c DW

Name:	NX Lifestyle Logistics USA Inc.
Document #:	
Order #:	16065988

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NX Lifestyle Logistics USA 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:

Shannyn Yates

Name of Person

Venable LLP

Firm/Company

2049 Century Park East, Suite 2300

Address

Los Angeles, CA 90067

City/State and Zip code

SCYates@Venable.com

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

For further information concerning this matter, please call:

Shannyn Yates

at (310) 229-0442

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. NX Lifestyle Logistics USA 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. New York 3. 113186735
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 1, 1993 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. 145-68 228th Street, Springfield Gardens, New York 11413
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.



Meredith Hellwig, Assistant Secretary

(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}:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 JAN -2 AM 9:50

A. DIRECTORS

☐Chairman Name: William Magherini
☐Vice Chairman Address: 145-68 228th Street
☒Director Springfield Gardens
☒President New York 11413
☐Vice President _____
☐Secretary ☐Treasurer
☒Other CEO ☐Other _____

☐Chairman Name: Kerri Mazulerich
☐Vice Chairman Address: 145-68 228th Street
☒Director Springfield Gardens
☐President New York 11413
☐Vice President _____
☐Secretary ☒Treasurer
☒Other CFO ☐Other _____

☐Chairman Name: Antonio Schiaffino
☐Vice Chairman Address: 145-68 228th Street
☒Director Springfield Gardens
☐President New York 11413
☐Vice President _____
☒Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Cristina Grava
☐Vice Chairman Address: 145-68 228th Street
☒Director Springfield Gardens
☐President New York 11413
☒Vice President _____
☐Secretary ☐Treasurer
☒Other CCO, COO ☐Other _____

☐Chairman Name: Simone Frigerio
☐Vice Chairman Address: 145-68 228th Street
☒Director Springfield Gardens
☐President New York 11413
☒Vice President _____
☐Secretary ☐Treasurer
☒Other COO ☐Other _____

☐Chairman Name: Davide Occhetti
☐Vice Chairman Address: 145-68 228th Street
☒Director Springfield Gardens
☐President New York 11413
☒Vice President _____
☐Secretary ☐Treasurer
☒Other COO ☐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. William Magherini
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. William Magherini, President and CEO
(Typed or printed name and capacity of person signing application)

Attachment

Name: Daniele Cosaro

Address: 145-68 228th Street, Springfield Gardens, New York 11413

Title: Director, Vice President and COO

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	NX LIFESTYLE LOGISTICS USA INC.
DOS ID Number:	1768478
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/01/1993
Effective Date:	01/01/2025
Statement Status:	CURRENT
Statement Due Date:	11/30/2025

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 January 02, 2025 at 07:15 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State