

F250000003008

(Requestor's Name)

(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:

W25000055933

Office Use Only



500448325385

RECEIVED

APR 08 2025

2025 MAY 19 PM 4:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2025

AMINA DEMBELE
309 EAST PACES FERRY RD NE, SUITE 400
ATLANTA, GA 30305 US

SUBJECT: ARCHEON AMERICAS INC,
Ref. Number: W25000055933

--

We have received your document for ARCHEON AMERICAS INC, and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You went a step down with the information each line was asking for. Fix this and send it back on a new application please,,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 725A00008686

RECEIVED

MAY 19 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCHEON AMERICAS 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:

Name of Person
AMINA DEMBELE

Firm/Company
JADE ASSOCIATES

Address
309 EAST PACES FERRY RD NE, SUITE 400

City/State and Zip code
ATLANTA, GA 30305 v.oqda@archeon-americas.com

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

For further information concerning this matter, please call:

AMINA DEMBELE at (404) 4955972

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. ARCHEON AMERICAS 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. DE LAWARE 3. 36-5093797
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/02/2024 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 03/01/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 27W 20TH ST SUITE 800 NEW YORK, NY 10011
(Principal office street address)

(Current mailing address, if different)

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

Name: FIDUCIAL JADE INC
Office Address: 990 Biscayne Boulevard Office 701
MIAMI, Florida 33132
(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.

[Signature]
(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]:

2023 MAY 19 PM 4:11

A. DIRECTORS

☐ Chairman Name: VALENTINE OQDA
☐ Vice Chairman Address: 27W 20TH ST SUITE 800
☐ Director NEW YORK, NY 10011
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other CEO ☐ Other _____

☐ Chairman Name: ALBAN DE LUCA
☐ Vice Chairman Address: 2 Chemin des Aiguillettes
☒ Director 25000 Besançon, FRANCE
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other _____

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

☐ Chairman Name: PIERRE EDOUARD SAILLARD
☐ Vice Chairman Address: 2 Chemin des Aiguillettes
☒ Director 25000 Besançon, FRANCE
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other _____

☐ Chairman Name: Leo Krymkier
☐ Vice Chairman Address: 1270 Avenue of the Americas, 7F
☐ Director New York, NY 10020
☐ 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]
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.

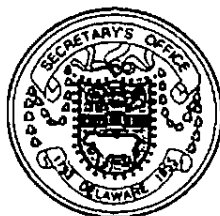
13. Valentine OQDA
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCHEON AMERICAS 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 TWELFTH DAY OF MARCH, A.D. 2025.



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203151802

Date: 03-12-25

2866496 8300

SR# 20251019317

You may verify this certificate online at corp.delaware.gov/authver.shtml