# F9500000005767

TO: Qualification/Tax Lien Section Division of Corporations SUBJECT: SOSYETE MAWON INC. (Name of corporation - must include suffix) 1195-27315 Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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: MAWON (Firm/Company) SOSYETE NEG NORWALK, CT 06854-1406 (City/State/Zip) Should you need to call someone concerning this matter, please call: at ( 203 1852-0574 JEAN-HIRAM (Name of Person) (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 9, 1995

JEAN-HIRAM COFFY SOSYETE NEG MAWON INC 44 IVY PL NORWALK, CT 06854-1406

SUBJECT: SOSYETE NEG MAWON INC

Ref. Number: W95000022325

We have received your document for SOSYETE NEG MAWON INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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 (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 195A00050107

## 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. SOSYETE NEG MAWON, INC.
1. SOSYETE NEG MAWON, INC.  (Name of corporation: must include the word "INCORPORATION", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  (5. 0.588400
person or partnership if not so contained in the name at present.) 65-0588490
2. NEW CASTLE DELAWARE 365-0584-96 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (1914 number, if applicable)
4. (Date of Incorporation)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION. (Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.155, F.S.)
7. 15042 N.E. 6TH AVE, MIAMI, FA. 33161
(Current mailing address)
8. To ENGAGE IN ANY LAWFUL BUSINESS ACTIVITY UNDER THE GENERAL (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  CORPORATION LAW OF DELAWARE  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: PONCELET MICHEL
Office Address: 1504Z N.E 6TH AVE
MIAMI, Florida, 33161
10. Registered agent's acceptance:
Having heen 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.
Panalet Michel

11. 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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: \_\_\_\_\_ Vice Chairman: Address: \_ Director: Address: \_ Director: \_\_ Address: \_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: EMMANUEL COFFY Address: \_\_\_\_1705 MAYBROOK DR RALFIGH. NC. 27610 Vice President: DUMEL JOSEPH 58 FAIRFIELD AVE Address: \_\_\_\_\_ STAMFORD, CT 06902 PONCELET Secretary: \_\_\_ SW 109 TER Address: \_ MIAMI, FA, 3319L JEAN- HIRAM COFFY Treasurer: \_\_\_ IVY PL Address: NORWALK, CT 06854-1406 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 14. JEAN-HIRAM COFFY / TREASURER
(Typed or printed name and capacity of person signing application)

### State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERELY CERTIFY "SOSYETE NEG MAWON 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-THIRD DAY OF OCTOBER, A.D. 1995;



Edward J. Freel, Secretary of State

AUTHENTICATION: 7684413

DATE: 10-23-95

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