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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation	s	,			
SUBJ	ECT:	PONANT Name of I	USA L			
					nsact Business in Florida," Cer company to transact business i	
Please	return all correspondence c	oncerning this matter to the	following:			
		NA V	// N SAH ame of Person	W NE	Υ	
		PONANT	USA L	LC		
		132 EAS	70-Hn Address	ST		
		NEW YO	RK Ny	, (0	021	
		E-mail address: (to be used				
For fur	ther information concerning					
	ALEXA Name o	WORA LEE	at (212 Area Code	_)	4 1777	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration But 2661 Execution But 266	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
Enclos	ed is a check for the following \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifiction of Status & Certified Copy	cate



March 30, 2016

NAVIN SAHWNEY 132 EAST 70TH ST NEW YORK, NY 10021

SUBJECT: PONANT USA LLC Ref. Number: W16000015680

We have received your document for PONANT USA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00004395

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2016

NAVIN SAHWNEY 132 EAST 70TH ST NEW YORK, NY 10021

SUBJECT: PONANT USA LLC Ref. Number: W16000015680

We have received your document for PONANT USA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00004395

PHIZ: 3U

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSI	NESS IN THE STATE OF FL	LORIDA;			
1. POWA (Name of Foreign	NT USA L n Limited Liability Compa	ny; must include "Lin	nited Liability Compan	y," "L.L.C.," or "	LLC.")
If name unavailable, enter alter Liability Company," "L.L.C," o					
DELAN)4 RG		47- (FEI numbe	-227970	08
(Jurisdiction under the law of company is organized)	which foreign limited liabi	ility	(FEI numbe	er, if applicable)	
4	01 JAN1	UARY 20	16		
	(Date first transacted (See sections 605.0904	business in Florida, i & 605.0905, F.S. to	if prior to registration.) determine penalty liabil	ity)	
5	132 EA	ST 70fh s	\$T		
	NEWY	ORK NY	10021		
	,	ess of Principal Offic	e)		TAS 16
5		MME			5
	(M	(ailing Address			
7. Name and street address of	of Florida registered age	nt: (P.O. Box <u>NO</u>	<u>Γ</u> acceptable)		
Name:	RITA CHE	FNIQUE			PM 12: 30
Office Address:	1.102 114)	102 6+ 11	1.12 177 442	<u>.</u>	EN O
_	MIAMI GAR	DENS	, Florida	330N	
Registered agent's acceptai	(C nce:	City)		(Zip code)	
Having been named as registlesignated in this application to complywith the provision accept the obligations of my	stered agent and to acce n, I hereby accept the a s of all statutes relative	ppointment as regi to the proper and	stered agent and agr	ee to act in this e of my duties.	capacity. I further agree
		(Registered agent's si			
8. The name, title or capaci	ty and address of the per	rson(s) who has/hav	e authority to manage	e is/are:	
	NAVIN SA	4 WNJEY			
	CHIEF EX	ECUTIVE	OFFI CER		
132 E	CHIEF EX	YEWYOK /	UY 1002	/	
9. Attached is a certificate of jurisdiction under the law of of the translator must be subtended.	f existence, no more than which it is organized (I mitted)	1 90 days old, duly f the certificate is fi	authenticated by the con a foreign language,	official having c a translation of	ustody of records in the the certificate under oath
This document is executed in submitted in a document to the	n accordance with section	n 605,0203 (1) (b),	Florida Statutes. I am	aware that any ed for in s.817.	false information 155, F.S.
		IN 54+	YWNEY		
-		ped or printed name o			

State of New York **} ss: Department of State**

I hereby certify, that PONANT USA LLC a DELAWARE Limited Liability Company filed an Application for Authority pursuant to the Limited Liability Company Law on 12/19/2014. I further certify that so far as shown by the records of this Department, such Limited Liability Company is still authorized to do business in the State of New York.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of March :wo thousand and sixteen.

Cotating Sicidina

Executive Deputy Secretary of State