

M20000002479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

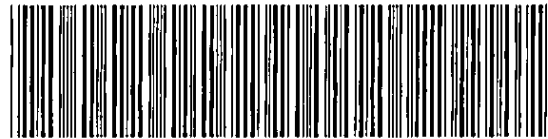
(Document Number)

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Special Instructions to Filing Officer.

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Office Use Only



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2019.13.11.9:40

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T GLASS

MAR 05 2020



**RESUBMIT**

Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2020

CSC

SUBJECT: INVOKE CONSULTING USA LLC  
Ref. Number: W20000015619

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$916.25.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 220A00003362

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 179141 7545742

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 12, 2020

ORDER TIME : 10:05 AM

ORDER NO. : 179141-020

CUSTOMER NO: 7545742

FOREIGN FILINGS

NAME: INVOKE CONSULTING USA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

*Handwritten notes:*  
Plus \$116.25  
Per Roxanne  
03/05/20  
9:05am  
2020.13.11.9:40

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Invoke Consulting USA LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Caitlin Delaney

Name of Person

The Nilson Law Group, PLLC

Firm/Company

10 East 40th Group, Suite 3310

Address

New York, New York 10016

City/State and Zip Code

cdelaney@nilsonlaw.com

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

For further information concerning this matter, please call:

Caitlin Delaney

212

687-1155

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Invoke Consulting USA LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

05/01/2017

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

10 East 40th St., Suite 3310, New York, NY

5. (Street Address of Principal Office)

10 East 40th St., Suite 3310, New York, NY

6. (Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Roxanne Turner

Asst. Vice President

*Roxanne Turner*

(Registered agent's signature)

2017. 13 PM 5:40

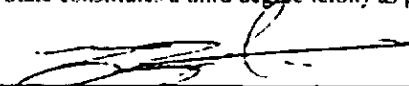
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Sebastien Massicotte		<input checked="" type="checkbox"/> Manager	Name:	Sylvie Proulx	
<input type="checkbox"/> Member	Address:	c/o The Nilson Law Group		<input type="checkbox"/> Member	Address:	c/o The Nilson Law Group	
<input type="checkbox"/> Authorized		10 East 40th St., Suite 3310		<input type="checkbox"/> Authorized		10 East 40th St., Suite 3310	
Person		New York, New York 10016		Person		New York, New York 10016	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Thierry Bodson		<input checked="" type="checkbox"/> Manager	Name:	Neel Joshi	
<input type="checkbox"/> Member	Address:	c/o the Nilson Law Group		<input type="checkbox"/> Member	Address:	c/o The Nilson Law Group	
<input type="checkbox"/> Authorized		10 East 40th St., Suite 3310		<input type="checkbox"/> Authorized		10 East 40th St., Suite 3310	
Person		New York, New York 10016		Person		New York, New York 10016	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	2011
<input checked="" type="checkbox"/> Manager	Name:	Johnny Ramondino		<input type="checkbox"/> Manager	Name:	10	
<input type="checkbox"/> Member	Address:	c/o The Nilson Law Group		<input type="checkbox"/> Member	Address:	11	
<input type="checkbox"/> Authorized		10 East 40th St., Suite 3310		<input type="checkbox"/> Authorized		9:40	
Person		New York, New York 10016		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
**THERRY BODSON**  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVOKE CONSULTING USA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVOKE CONSULTING USA LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2020. 13 7:40



  
Jeffrey W. Bullock, Secretary of State

5953811 8300

SR# 20200299377

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202193259

Date: 01-15-20