## P19000032150

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230: Phone: 850-558-1500

Phone: 850-558-1500			
ACCOUNT NO. : I2000000195			
REFERENCE : 728277 7545742			
AUTHORIZATION :			
COST LIMIT: \$ 70.00			
ORDER DATE : April 16, 2019			
ORDER TIME : 1:43 PM			
ORDER NO. : 728277-005			
CUSTOMER NO: 7545742			
DOMESTIC FILING			
NAME: LONGITY USA INC.			
EFFECTIVE DATE:			
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP			
ARTICLES OF ORGANIZATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Roxanne Turner - EXT.			
EXAMINER'S INITIALS:			

CO	VE	R-I-	ET	CER
	7 1 4	11 4.		

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	LONGITY USA INC.			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:	
S70.6 Filing Fo	00 ☐ \$78.75 ee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	Stephanie Messas, Esq.	<b>L</b>		
i itom.	Name (Printed or typed)			
	c/o Deborah A. Nilson & Associates, PLLC, 10 East 40th Street, Suite 3310			
Address				
	New York, NY 10016			
	City, State & Zip			
	212-687-1155			

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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

scbouvry@nilsonlaw.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	<u>N.4ME</u> corporation shall be:_	LONGITY USA INC.		
ARTICLE II	PRINCIPAL OFFIC Principal stre		;	Mailing address, if different is:
1345 Avenue of	the Americas			
New York, NY	10105			
	PURPOSE which the corporation der the Florida Busin	is organized is:	age in any lawful act o	r activity for which corporations may
ARTICLE IV The number of sh	lares of stock is:	S AND/OR DIRECTORS	<del></del>	Debereb A Nilson Secure
Name a	nd Title: Laurent Gar	con, CEO  of the Americas	Name and Title:	Deborah A. Nilson, Secretary  10 East 40th Street
Address	New York, 1		Address:	New York, NY 10016
Name an	d Title:		Name and Title:	
Address				
Name an	d Title:		Name and Title:	
Address			Address:	

Name and	Title:	Name and Title:	
Address		Address:	
	<del></del>	<del></del>	<del></del>
	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street	_	
	Tallahassee, FL 32301		
ARTICLE VII I	<u>NCORPORATOR</u>		
The name and add	ress of the Incorporator is:		
Name:	Stephanie Messas		
Address:	10 East 40th Street, Suite 3310		
	New York, NY 10016		
ARTICLE VIII E	SFFECTIVE DATE:		
Effective date, if of	ther than the date of filing:	(OPTIONAL)	
(If an effective day filing.)	te is listed, the date must be specific and canno	t be more than five days prior o	r 90 days after the
	nserted in this block does not meet the applicable extive date on the Department of State's records.	statutory filing requirements, this	date will not be listed as
the document serie	of the date of the Department of State's records.	-	
Having been name	d as registered agent to accept service of process	for the above stated cornoration	at the place designated in
this certificate, I an	n familiar with and accept the appointment as reg	istered agent and agree to act in t	his capacity
Corporation Ser	vice Company		11/19
By:	Required Signature/Registered Agent	net Budhu, Asst. Vice President	Date
I cubmit this door			[ ]
	nent and affirm that the facts stated herein are epartment of State constitutes a third degree felon		
		4,	/16/2019
Require	d Signature/Incorporator		Date