

P19000049472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

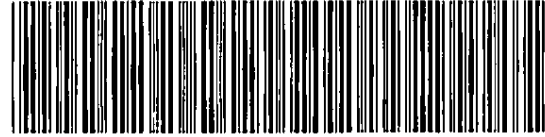
(Business Entity Name)

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JUN 20 2019

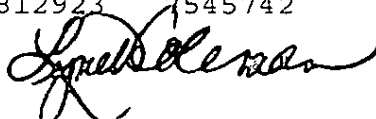
K. Brumbley

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

ACCOUNT NO. : I20000000195

REFERENCE : 812923 7545742

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : June 18, 2019

ORDER TIME : 8:58 AM

ORDER NO. : 812923-005

CUSTOMER NO: 7545742

DOMESTIC FILING

NAME: INSTYNX 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: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** INSTYNX USA INC.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** STEPHANIE MESSAS, ESQ.

\_\_\_\_\_  
Name (Printed or typed)

C/O DEBORAH A. NILSON & ASSOCIATES, PLLC, 10 EAST 40TH ST., STE 3310

\_\_\_\_\_  
Address

NEW YORK, NEW YORK 10016

\_\_\_\_\_  
City, State & Zip

212-687-1155

\_\_\_\_\_  
Daytime Telephone number

smessas@nilsonlaw.com

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

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: INSTYNX USA INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Deborah Nilson & Associates, PLLC

10 East 40th Street, Suite 3310

New York, NY 10016

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

### ARTICLE IV SHARES

The number of shares of stock is: 2,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laurent Garçon, Director & President

Name and Title: Deborah A. Nilson, Secretary

Address: c/o Deborah A. Nilson & Associates

Address: 10 East 40th Street

10 East 40th Street, Suite 3310

Suite 3310

New York, NY 10016

New York, NY 10016

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2019 JUN 19 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephanie Messas, Esq.

Address: 10 East 40th Street, Suite 3310

New York, NY 10016

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Corporation Service Company

By: \_\_\_\_\_

Required Signature/Registered Agent

Lydia Cohen

Asst. Vice President

6/19/19

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Required Signature/Incorporator

June 18, 2019

Date