

5/21/2020

Division of Corporations

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P20000 Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2020 MAY 21 PM 4:32

To:
From:

Division of Corporations
Fax Number : (850)617-6381

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.••

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ELEVANT USA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ELEVANT USA INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

350 Lincoln Road - Suite MassatMiami Beach, Florida 33139**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: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Laurent Garçon, President & DirectorName and Title: Jérôme Vincent, Treasurer & DirectorAddress: 350 Lincoln Road - Suite MassatAddress: 350 Lincoln Road - Suite MassatMiami Beach, Florida 33139Miami Beach, Florida 33139Name and Title: Deborah Nilson, Secretary

Name and Title: _____

Address: 10 East 40th St. Suite 3310

Address: _____

New York, New York 10016

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **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 INCORPORATORThe **name and address** of the Incorporator is:

Name: Cynthia Martens
Address: 10 East 40th St. Suite 3310
New York, New York 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

By: Amanda Robinson Amanda Robinson, Asst. Vice President May 21, 2020
Required Signature/Registered Agent 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.

Amanda Robinson May 21, 2020
Required Signature/Incorporator Date

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