

P21000023961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

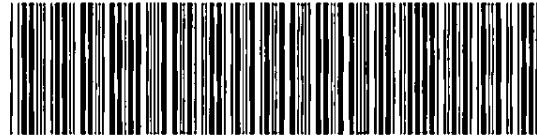
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 MAR 17 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FL

20

2021 MAR 17 PM 2:17

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

ACCOUNT NO. : I20000000195

REFERENCE : 716349 7545742

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : March 17, 2021

ORDER TIME : 11:41 AM

ORDER NO. : 716349-005

CUSTOMER NO: 7545742

DOMESTIC FILING

NAME: INOSTYX 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: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Inostyx 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: Nicholas Forgione
Name (Printed or typed)

10 E. 40th Street, Suite 3310
Address

New York, NY
City, State & Zip

212-687-1155
Daytime Telephone number

spevenage@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: Inostyx USA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

350 Lincoln Road - Suite Massat

Miami Beach, FL 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 Incorporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent Mialet, President

Address 350 Lincoln Road - Suite Massat

Miami Beach, FL 33139

Name and Title: Jerome Vincent, VP

Address: 350 Lincoln Road - Suite Massat

Miami Beach, FL 33139

Name and Title: Jerome Vincent, Treasurer

Address 350 Lincoln Road - Suite Massat

Miami Beach, FL 33139

Name and Title: Deborah Nilson, Secretary

Address: 10 E. 40th St., Ste. 3310

New York, NY 10016

Name and Title: Vincent Mialet, Director

Address 350 Lincoln Road - Suite Massat

Miami Beach, FL 33139

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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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: Nicholas Forgione

Address: 10 E. 40th St., Ste. 3310

New York, NY 10016

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TALLAHASSEE, FL

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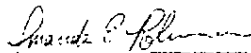
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

03/17/2021

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

3/16/2021

Date