## F24000003898

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
W24-96149

Office Use Only



500429667835



024 JUN 25 AM 3: 37 Secretary of State at the secretary of the state

RECEIVED

JUL 22 2024 K. Brumbley





June 26, 2024

CSC

SUBJECT: NEXESS INC. Ref. Number: W24000096149

Bubmission date as file date.

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L23000103107.

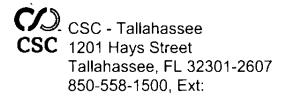
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 224A00013975

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/24/24 Order #: 1543074-1 Re: Nexess Inc.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO:		tration Section ion of Corporations						
SUBJ	ECT·	NEXESS INC						
5020	Name of corporation - must include suffix							
Dear S	ir or M	adam:						
"Certif	icate of	"Application by Foreign C FExistence," or "Certificate ced foreign corporation to	e of Good Star	iding" and check are subi				
Please	return :	all correspondence concern	ning this matte	r to the following:				
ZOE L	URSON	İ						
			Name of	Person				
PRAM	ЕХ (ТН	IRD COMPANY)						
			Firm/Con	npany				
1251 A	AVE OF	THE AMERICAS, 6TH FLO	OOR					
		· · · · · · · · · · · · · · · · · · ·	Addr	ess				
10020	NEW	YORK						
			City/State a	nd Zip code				
zoc.lur	son@pr	amex.com						
		E-mail addres	s: (to be used	for future annual report n	otification)			
For fur	ther in	formation concerning this r	natter, please (	call:				
ZOE LURSON		351 at (	2156568	2156568				
	Name	e of Person	Area Cod	e Daytime Teleph	none Number			
	Regis Divisi The C 2415	tration Section ion of Corporations centre of Tallahassee N. Monroe Street, Suite 81 nassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations			
Please	make ch	check for the following ameck payable to: FLORIDA D ng Fee	DEPARTMENT ng Fee & [	r OF STATE □ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy			

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

NEXESS USA	<u>`</u>	onted for the purpose of transacting	ng business in Florida)			
DE	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  DE  3. 92-2554960					
	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)			
02/24/2023			•			
(Date	of incorporation)	(Date of duration, if other	than perpetual)			
	(Date first transacted business in F					
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liabil	ity)			
		<u>.</u>	<u>,                                    </u>			
1051 AUD OUT	(Principal office	street address)				
1251 AVE OF 1	HE AMERICAS, 6TH FLOOR, 10020, NY	11 10100				
	(Current matting)	address, if different)	. 28			
Name and stree	et address of Florida registered agent: (P.O.)	Rox NOT acceptable)	FILT 024 JUN 25			
	Corporation Service Company	ison <u>ivos</u> acceptados	量			
Name:		<del></del>	25 次 初			
fice Address:	1201 Hays Street	· ·				
	Tallahassee	, Florida	ين آين			
	(City)	(Zip code)	ं ज			
Dogiotanad and						
	ent's acceptance:  ed as registered agent and to accept service	of process for the above states	d corporation at the plac			
ignated in this	application, I hereby accept the appointme	nt as registered agent and agr	ee to act in this capacity.			
<b>41</b>	omply with the provisions of all statutes rela		te performance of my du			
	with and accept the obligations of my posit	ton as registerea agent.				
d I am familiar	Corporation Service Company					

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS								
∐Chairman	Name: FREDERIC GALTIER	□Chairman	Name: NICOLAS	S FERRY				
□Vice Chairman	Address: 2455 Route des Dolines	□Vice Chairman	1251 A	VE OF THE AMERICAS				
Director		□Director	6TH FLOOR					
□President	06560 - VALBONNE	□President	10020 - NY					
□Vice President	FRANCE	□Vice President	USA	·				
□Secretary	□Treasurer	Secretary	(	□ Treasurer				
□Other	Other	□Other	i	□Other				
□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary	(	∃Treasurer				
Other	□Other	□Other	[	Other				
☐Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□ Secretary	į	∃Treasurer				
□Other	Other	□Other	[	Other				
Important Notice: hindividuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmen	thment will be image nt of State Annual Re	d for reporting purp port form.	oses only, Non-indexed				
12	Simplify of Director of		<b>-</b>					
	Signature of Director of							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.								
Nicolas Ferry - Corporate Secretary								



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEXESS INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXESS INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 203772610

Date: 06-24-24