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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.D. 10-5

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLASQUIN USA, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TINA MANOLAKAKIS

(Name of Person)

CLASQUIN USA, INC.

(Firm/Company)

10 5TH STREET

(Address)

VALLEY STREAM, NY 11581

(City/State and Zip code)

For further information concerning this matter, please call:

TINA MANOLAKAKIS

(Name of Person)

at (516) 823-0000

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.

1. CLASQUIN USA, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CLASQUIN USA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 13-3721301

(FEI number, if applicable)

4. 01/20/1998

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 5TH STREET VALLEY STREAM, NY 11581

(Principal office address)

10 5TH STREET VALLEY STREAM, NY 11581

(Current mailing address)

8. FREIGHT FORWARDING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee

(City)

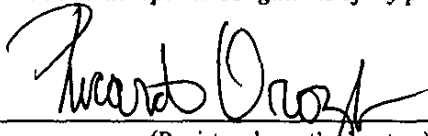
, Florida 32301

(Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DIDIER VANDERPERRE

Address: 10 5TH STREET VALLEY STREAM, NY 11581

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Didier Vanderperre President

(Typed or printed name and capacity of person signing application)

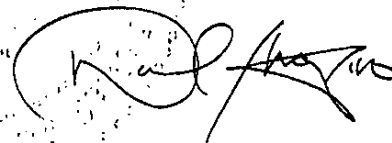
State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CLASQUIN USA, INC. was filed on 06/28/1993, under the name of LAPERRIERE U.S.A., INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment LAPERRIERE U.S.A., INC., changing its name to CLASQUIN - LAPERRIERE USA, INC., was filed 12/27/1995.

A Certificate of Amendment CLASQUIN - LAPERRIERE USA, INC., changing its name to CLASQUIN USA, INC., was filed 07/14/2004.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 21st day of September two
thousand and seven.*



Special Deputy Secretary of State