

F15000002730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

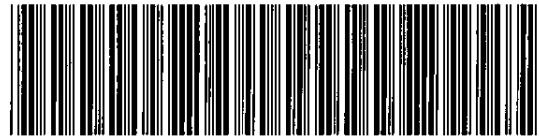
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 24 2015
J. HARRIS

~~SECRET~~

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

ACCOUNT NO. : I20000000195
REFERENCE : 676512 4301772
AUTHORIZATION : *[Signature]*
COST LIMIT : \$70.00

ORDER DATE : June 19, 2015
ORDER TIME : 10:46 AM
ORDER NO. : 676512-005
CUSTOMER NO: 4301772

FOREIGN FILINGS

NAME: OFFICINA PROFUMO FARMACEUTICA
DI SANTA MARIA NOVELLA OF
AMERICA CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Keith Vega -- EXT# 62014

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OFFICINA PROFUMO FARMACEUTICA DI SANTA MARIA NOVELLA OF AMERICA
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," or "Certificate of Good Standing" 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:

MARIO GAZZOLA, ESQ.

Name of Person

PAVIA & HARCOURT LLP

Firm/Company

590 MADISON AVENUE 8TH FL

Address

NEW YORK, NEW YORK 10022

City/State and Zip code

CORPORATE@PAVIALAW.COM

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

For further information concerning this matter, please call:

MARIO GAZZOLA

at (212) 980-3500

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2015

CSC
KEITH VEGA

RESUBMIT

Please give original
submission date as file date.

SUBJECT: OFFICINA PROFUMO FARMACEUTICA DI SANTA MARIA
NOVELLA OF AMERICA CORPORATION
Ref. Number: W15000043005

We have received your document for OFFICINA PROFUMO FARMACEUTICA
DI SANTA MARIA NOVELLA OF AMERICA CORPORATION and your check(s)
totaling \$70.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or
605.0905, F.S., must be set forth in section 6 of the application. If the
corporation/limited liability company has not transacted business in Florida within
this meaning, please insert the words "upon qualification" in lieu of a date. (Note:
Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a
civil penalty of \$1,000 for each year other than the application filing year, that a
foreign corporation or limited liability company transacts business in this state
without authority along with the past annual report fees due this office.)

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00013113

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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. OFFICINA PROFUMO FARMACEUTICA DI SANTA MARIA NOVELLA OF AMERICA CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. DELAWARE 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 20, 2015 5. PERPETUAL
(Date of incorporation) (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. C/O 590 MADISON AVENUE, 8TH FL., NEW YORK, NEW YORK 10022
(Principal office address)

(Current mailing address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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.

Corporation Service Company

By: [Signature]
(Registered agent's signature)

Courtney Williams
Asst. Vice President

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Eugenio Alphantery

Address: 590 Madison Avenue 8th floor, New York, New York 10022

Director: _____

Address: _____

B. OFFICERS

President: Eugenio Alphantery

Address: 590 Madison Avenue 8th floor, New York, New York 10022

Vice President: _____

Address: _____

Secretary: Mario Gazzola

Address: 590 Madison Avenue, 8th floor, New York, New York 10022

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

13. MARIO GAZZOLA - SECRETARY

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OFFICINA PROFUMO FARMACEUTICA DI SANTA MARIA NOVELLA OF AMERICA CORPORATION" 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 NINETEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OFFICINA PROFUMO FARMACEUTICA DI SANTA MARIA NOVELLA OF AMERICA CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5697582 8300

150948383

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2484476

DATE: 06-19-15