F180000005580

(Requestor's Name)	
,	Address)	_
•		
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Business Entity Name)	<u></u>
	Document Number)	
Certified Copies	Certificates of :	Status
Carriellantenations	A. Filia Office	
Special Instructions	to Filing Officer:	

Office Use Only



600321738116

18 DEC -5 PM 4: 30

O SIMMONS DEC 062018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 505676 7161018

AUTHORIZATION :

COST LIMIT : \$\(\mathref{G}\)\(\delta\)\(\delta\)

ORDER DATE: November 28, 2018

ORDER TIME : 1:29 PM

ORDER NO. : 505676-005

CUSTOMER NO: 7161018

FOREIGN FILINGS

NAME: CAMILLA CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration S					
	Division of Co	rporations				
		Corporation				
SUBJ	ECT:					
		Name	of corporation	on - mus	t include suffix	
Dear S	Sir or Madam:					
"Селіі	ficate of Existen		e of Good St	anding"	and check are sub	nct Business in Florida," comitted to register the
	return all corres in Linde, Esq.	pondence concerr	ning this matt	er to the	following:	' `
	· -		Name o	f Person	1	
Sills C	ummis & Gross P	C.			•	
		· •••	Firm/Co	mpany		
101 Pa	rk Avenue					
			Add	lress		
New Y	ork, NY 10178		7100	11 033		
			City/State	and Zip	code	
slinde(@sillscummis.com					
		E-mail addres	s: (to be used	i for fut	ure annual report	notification)
For fur	rther information	concerning this r	natter, please	call:		
Stephe	n Linde, Esq.		212	50	0-1517	
Brepite	n Emde, Esq.		at ()	0-1217	
	Name of Perso	on	Агеа Со	ode	Daytime Telep	hone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations 7	
Enclos	ed is a check for	the following am	ount:			
☐ \$70	0.00 Filing Fee	S78.75 Filin Certificate			75 Filing Fee & ified Copy	S87.50 Filing Fee, Certificate of Status a 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
,	CORPORATION (DE)		
Delaware	able in Florida, enter alternate corporate name a	47-5520945	
November 4, 20	3. Ite or country under the law of which it is incorporated) ember 4, 2015 (FEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than perp	etual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 in Street, Alexandria, NSW 2015 AU	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	õ
	(Princip en Street, Alexandria, NSW 2015 AU	al office address)	
	(Current mailir	ng address, if different)	
Name and stree	et address of Florida registered agent: (P.C Corporation Service Company	D. Box NOT acceptable)	00 ==
fice Address:	1201 Hays Street		. 49
, 100, 100,	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
aving been num esignated in this ether agree to co	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r amiliar with and accept the obligations o	nent as registered agent and agree to act relative to the proper and complete perfo	in this capacity.
	orporation Service Company	£	Roxanne Turn

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: . 5 Address: Director: _ Address: B. OFFICERS Camilla Franks President: Unit 3, 13 Bowden Street Address: Alexandria, NSW 2015 AU

Address	Unit 3, 13 Bowden Street		
1001233.	Alexandria, NSW 2015 AU		
	Colin Phipson		
Secretary	:		
	Unit 3, 13 Bowden Street, Alexandria, NSW 2015 AU	<u></u>	
Address:			
	Colin Phipson		
Гreasurer	·		
	Unit 3, 13 Bowden Street, Alexandria, NSW 2015 AU		
Address:			

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

Signature of Director or Officer

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.

Colin Phipson, Secretary
13.

Jane McNally

Vice President:

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAMILLA 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 TWENTY-EIGHTH DAY OF NOVEMBER, A.D.

2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMILLA CORPORATION" WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 2015.

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

Authentication: 203980054

Date: 11-28-18