

# F20000003222

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

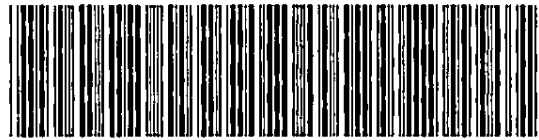
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(Document Number)

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20 JUL 24 PM 12:04

RECEIVED  
2020 JUL 24 PM 2:01

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

ACCOUNT NO. : I20000000195  
REFERENCE : 363323 6864A  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70.00

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ORDER DATE : July 22, 2020  
ORDER TIME : 8:41 AM  
ORDER NO. : 363323-005  
CUSTOMER NO: 6864A

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FOREIGN FILINGS

NAME: X3CNG CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** X3CNG Corp.  
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:

Linda M. Lee, Paralegal

Name of Person

Cozen O'Connor

Firm/Company

200 Four Falls Corporate Center, Suite 400

Address

West Conshohocken, PA 19428

City/State and Zip code

valter.ferrarini@x3energy.it

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

For further information concerning this matter, please call:

Linda M. Lee at (610) 941-2378

Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

20 JUL 24 PM 12:04

**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. X3CNG Corp.  
(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. 47-1540375  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 1, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 10483 70th Lane, Doral, FL 33178  
(Principal office street address)

10483 70th Lane, Doral, FL 33178  
(Current mailing address, if different)

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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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: *Amanda E. Robinson*  
(Registered agent's signature)

**Amanda Robinson**  
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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Giovanni Baroni

Vice Chairman Address: 10483 70th Lane

Director Doral, FL 33178

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Valter Ferrarini

Vice Chairman Address: 10483 70th Lane

Director Doral, FL 33178

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: James Mora

Vice Chairman Address: 10483 70th Lane

Director Doral, FL 33178

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

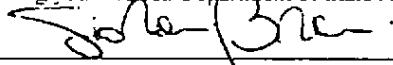
Vice President \_\_\_\_\_

Secretary  Treasurer


Other \_\_\_\_\_  Other \_\_\_\_\_

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
 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.

13. Secretary and Treasurer   
 (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 "X3CNG CORP." 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-SECOND DAY OF JULY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "X3CNG CORP." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 2014.

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



5562086 8300

SR# 20206356479

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203328303

Date: 07-22-20