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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
I'mFil Inc.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$70.00

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cmd 6/12

COVER LETTER

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

SUBJECT: Imfil Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Christian Moretti
Name (Printed or typed)
c/o Schnader Harrison Segal & Lewis LLP, 140 Broadway, Suite 3100
Address
New York, NY 10005
City, State & Zip
212-973-8000
Daytime Telephone number
cmoretti@schnader.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ImFD Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Schnader Harrison Segal & Lewis LLP

140 Broadway, Suite 3100

New York, NY 10005

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ARTICLE SECTION 607A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful activity or business permitted under the laws of the

State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Massimo Dal Borgo, Director

Name and Title: Simone Favaro, CEO & President

Address: c/o Schnader Harrison Segal & Lewis LLP

Address: c/o Schnader Harrison Segal & Lewis LLP

140 Broadway, Suite 3100

140 Broadway, Suite 3100

New York, NY 10005

New York, NY 10005

Name and Title: Mattia Tabacco, Vice President

Name and Title: _____

Address: c/o Schnader Harrison Segal & Lewis LLP

Address: _____

140 Broadway, Suite 3100

New York, NY 10005

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System

Address: 1200 South Pine Island Road
Plantation, FL 33324

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 SECRETARY
 OF
 FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Christian Moretti

Address: 140 Broadway Suite 3100
New York, NY 10005

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: <u><i>Vicki Ann Owens</i></u>	<u>CT Corporation System</u>	<u>Vicki Ann Owens</u>	<u>6/11/15</u>
	Required Signature/Registered Agent	Special Assistant Secretary	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

<u><i>Christian Moretti</i></u>	<u>6/11/2015</u>
Required Signature/Incorporator	Date