

P1600061505

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000177999 3)))



H160001779993ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

16 JUL 25 PM 12:32

TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
KORUS AMERICA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

16 JUL 25 AM 8:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Korus America Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1111 Brickell Avenue, Suite 2650

Miami FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: general

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ermanno Piccone - DIR & PRES

Address: Strada Migliara, 46, 04010
Borgo San Donato, Sabaudia (LT), Italy

Name and Title: _____

Address: _____

Name and Title: Domenico Piccone - DIR - TREA.

Address: Strada Migliara, 46, 04010
Borgo San Donato, Sabaudia (LT), Italy

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 JUL 25 AM 8:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FUNARO & CO., P.C. CORP.

Address: 1111 Brickell Avenue, Suite 2650

Miami FL 33131

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 JUL 25 AM 8:28

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ermanno Piccone

Address: Strada Migliara, 46, 04010

Borgo San Donato, Sabaudia (LT), Italy

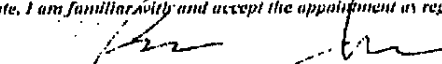
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

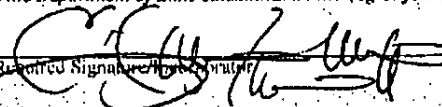
 _____

Required Signature/Registered Agent

7/21/16

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.

 _____

Required Signature/Secretary of State

7/21/16

Date