

To: Qualification/7 Division of Co	Tax Lien Section rporations	•				
SUBJECT: DELT	A MARMI O	ORPORATION				
	(Name of corp	poration - must include suffix)		14.94		
Dear Sir or Madam:						
The enclosed "Applica "Certificate of Existence to transact business in l	e", and check are submitt	on for Authorization to Transa ed to register the above referen	nct Business in Florida", nced foreign corporation			
Please return all corres	pondence concerning this	matter to the following:				
	EBASTIANO (-03/16/0001067 -03/16/000106701 ******78.75 ******7			
	(Fir	m/Company)		27. 2		
142	45 SW 94 CR	(Address)		-		
<u>M)4</u>	AMI FL. 331					
Should you need to call someone concerning this matter, please call: SEBASTIANO COPPOLA at (305) 934 - 9178 (Name of Person) (Area Code & Daytime Telephone Number) 3 A DO ORDAN 3						
STREET ADDRESS:		MAILING ADDRESS				
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	3/2z			
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			

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. DELTA MARMI CORPORATION					
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or					
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)					
natural person of parmership it not so contained in the name at present.)					
2-14/02					
2. DELAWACE 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)					
4. O8/07/1996 5. PERPENAL (Date of incorporation) 5. Ouration: Year corp. will cease to exist or "perpetual")					
(Date of incorporation) (Duration: Year corp. will cease to existor "perpetual")					
6. UPON QUALIFICATION					
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)					
7. 4301 S. PINE ST. # 92 TACOMA WA. 98409					
7. 1201 S. FINE SI, F 102 17-00-11- WAS. 15101					
(Current mailing address)					
8. MPORT - EXPORT OF MARBLE AND NATURAL STOWE FINE STOWER STOWER STOWERS STOWER STOWERS STOWER					
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)					
Name: SEBASTIANO COPPOLA					
$\mathbb{R}^{\mathbb{R}} \stackrel{\omega}{\sim}$					
Office Address: 14245 SW 94 CR. LN. #103					
M14M1 Florida, 33186					
MIAMI , Florida, 33186 (Zip code)					
10. 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.					
/MQue (M4_					
(Registered agent's signature)					

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman:	S <u> </u>		<u> </u>
Address:			
ice Chairman:			
ddress:			
Director:			
ddress:			
irector:			
address:			
. OFFICERS (Street address only - P.O. Box NOT acceptable)			· · · · · · · · · · · · · · · · · · ·
resident: DONATELLA MATUTINI			
ddress: VIA LUSSU, 14 - MIGLIARINO PISA	27		
duress: 14 - 11(GC14R1100 P13A	_56070	MACY	
			<u> </u>
ice President: SEBASTIANO COPPOLA			
ddress: 14245 SW 94 CR.LN. #103 MIAMI	FL. 331	862 =	_=:
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ecretary:		SIA:	
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OTE: If necessary, you may attach an addendum to the application listing additional	officers and/or dir	actore	
/wonallo Cally	officers ampor and		
(Signature of Chairman, Vice Chairman, or any officer listed in number	r 12 of the applica	tion)	
. SEBASTIANO COPPOLA	4-,		
(Typed or printed name and capacity of person signi	ng application)		

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

DELTA MARMI CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Delaware and was issued a Certificate of Authority in Washington on July 13, 1999...

I FURTHER CERTIFY that as of the date of this certificate, no Certificate of Withdrawal has been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington



March 10, 2000 Date:

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Ralph Munro, Secretary of State