

# FOI 000000 2226

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fortissima, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

20000404642--7

-04/23/01--01135--010

\*\*\*\*\*87.50 \*\*\*\*\*87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Gion M. Catapano

(Name of Person)

Fortissima, Inc.

(Firm/Company)

11440 NW 56th Dr. #112

(Address)

Coral Springs Fl. 33076

(City/State and Zip code)

For further information concerning this matter, please call:

Gion M. Catapano

(Name of Person)

at ( 954 ) 816-7334

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
01 APR 23 AM 2:01  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

mtu  
4/26

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. Forlissina, Inc.  
(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.)
2. Delaware 3. 65-1085491  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3.13.01 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 11440 NW 56th Dr. #112 Coral Springs Fl. 33076  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address)

8. To Engage in any lawful act or activity for which corporations may be organized in Delaware  
(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: Gina M. Catapano

Office Address: 11440 NW 56th Dr #112  
Coral Springs Fl., Florida 33076  
(City) (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.*

Gina M. Catapano  
(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.

FILED  
MAR 23 AM 2:01  
TALLAHASSEE  
STATE OF FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gina M. Capapando

Address: 11440 NW 56th Dr. #112  
Coral Springs Fl. 33076

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

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Gina M. Capapando

Address: 11440 NW 56th Dr. #112  
Coral Springs Fl. 33076

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

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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01 APR 23 AM 2:01  
SECRETARY STATE  
TALLAHASSEE, FLORIDA

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

13. Gina M. Capapando  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gina M. Capapando, President  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "FORTISSIMA, INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF MARCH, A.D. 2001, AT 9 O'CLOCK A.M.

FILED  
01 APR 23 AM 2:01  
SECRETARY OF STATE  
DELAWARE



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1071708

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DATE: 04-09-01