

# F0200000505

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## FOREIGN PROFIT QUALIFICATION

ALTAMODA U.S.A. INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

02 JAN 30 PM 12:28

# 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. ALTAMODA U.S.A. 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  
(State or country under the law of which it is incorporated)

3. 52-2181475  
(FEI number, if applicable)

4. July 7, 1999  
(Date of incorporation)

5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5052 McCaughey Drive

North Port, Florida 34287

(Current mailing address)

8. Manufacturer and distributor of leather goods  
(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: Chahe Dekirmendjian

Office Address: 5052 McCaughey Drive

North Port, Florida, 34287  
(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.

Chahe Dekirmendjian

(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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN 30

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**Chairman: Chahe DekirmendjianAddress: 5052 McCaughey DriveNorth Port, Florida 34287Vice Chairman: Vahe DekirmendjianAddress: 9 Chantilly CrescentRichmond Hill, Ontario L4C 0K1 CanadaDirector: Chahe DekirmendjianAddress: 5052 McCaughey DriveNorth Port, Florida 34287Director: Vahe DekirmendjianAddress: 9 Chantilly CrescentRichmond Hill, Ontario L4C 0K1 Canada**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: Chahe DekirmendjianAddress: 5052 McCaughey DriveNorth Port, Florida 34287

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

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

Secretary: Vahe DekirmendjianAddress: 9 Chantilly CrescentRichmond Hill, Ontario L4C 0K1 Canada

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

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Chahe Dekirmendjian, President(Typed or printed name and capacity of person signing application)

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTAMODA U.S.A. INC." 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-EIGHTH DAY OF JANUARY, A.D. 2002.

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

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JAN 30

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

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AUTHENTICATION: 1581822

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DATE: 01-28-02