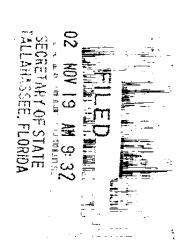
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(Requestor's	Name)
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Decoritalia USA, Ltd., Inc.	
	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted to transact business in Florida.	
Please return all correspondence concerning this mat	tter to the following:
Sandra Nelson, VP	
(Name	of Person)
Decoritalia USA, Ltd., Inc.	
(Firm/	Company)
P. O. Box 16904	
(Ac	idress)
Clearwater, FL 33766-6904	
(City/Stat	e and Zip code)
For further information concerning this matter, pleas	e call:
Sandra Nelson at ( 727	773-8017
(Name of Person) (Are	a Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Ι.	Decoritalia USA, Ltd., Inc.		and the control of th		a depart of the same	
	(Name of corporation; must include the word "INCORPORATI words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name at	ly i	indicate that it is a corporation instead of			_
2.	New Hampshire 3.		04-3385815			
	(State or country under the law of which it is incorporated)	-	(FEI number, if applicable	)		_
4.	August 11, 1997		perpetual			
	(Date of incorporation)	(	(Duration: Year corp. will cease to exist	or "perp	etual'')	
б.	August 1, 2002		- company - 11			
	(Date first transacted business in Florida. If corporation has not (SEE SECTIONS 607.1501			qualific	ation."	<u>,</u>
7	P.O. Box 16904, Clearwater, FL 33766-6904	4		TALL	02	
	(Principal office addr	ires	ss)	至高	3	- <del>7</del> 73
	same			ر ان حق		
(Current mailing address)						Ī
8.	marketing, distribution and sale of image transf and other applications (Purpose(s) of corporation authorized in home state or con	fe —	rs for ceramic, porcelain and gl	ass dir	<u>€</u> UB <del>©</del> IW	ore  are
	(rurpose(s) of corporation authorized in nome state or col	oun	itry to be carried out in state of Florida)	محتر	<b>C</b>	
9.	Name and street address of Florida registered agent:	(F	P.O. Box or Mail Drop Box NOT acc	eptable)	)	
	Name: <u>CT Corporation System</u>		_			
Of	fice Address: _1200 South Pine Island Ro	Ωź	ad.			
	Plantation		, Florida <u>33324</u>			
	(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.

(Registered agencis signature)

KRISTEN BETZGER
ASSISTANT SECRETARY

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 business addresses of officers and/or directors:

A. DIRI	ECTORS			
Chairman	. <u>na</u>			_
_				
Vice Chai	<sub>rman:</sub> na			-
Address:				
-				
Director:	Paolo Farolfi			
Address:	P.O. Box 16904			
,	Clearwater, FL 33766-6904			
Director:	Luigi Farolfi			
Address:	P.O. Box 16904		_	
	Clearwater, FL 33766-6904	ALC	13	
B. OFFI	CERS		NO.	7
	Paolo Farolfi	SER.	9	M
	P.O. Box 16904	FLOR STA	9	
	Clearwater, FL 33766-6904	DA	32	
Vice Presi	<sub>dent:</sub> Luigi Farolfi			
	P.O. Box 16904			
	Clearwater, FL 33766-6904			
Secretary:	Donald R. Stacey		"	
Address:	GSTSS, 163 So. River Road, Bedford, NH 03110			
Treasurer:	Sandra Nelson			
Address:	P.O. Box 16904, Clearwater, FL 33766-6904			
	**SEE ATTACHED ADDENDUM			
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers ar (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the			
14. Sa	indra Nelson, Vice President	appuca	uon)	
177.	(Typed or printed name and capacity of person signing application)			

#### ADDENDUM TO ITEM 12B OF APPLICATION:

ADDITIONAL OFFICER:

Sandra Nelson, Vice President P.O. Box 16904 Clearwater, FL 33766-6904

SECRETARY OF STATE

HOV 19 # 937

## State of New Hampshire Department of State

#### CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify DECORITALIA USA, LTD. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on August 11, 1997. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire. this 26th day of September, A.D. 2002

> William M. Gardner Secretary of State

