

F02000006275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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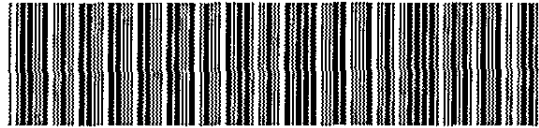
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Handwritten signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.C.I. CHANTERELLE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:
GIADA ROCCA

SALUSSOLIA & ASSOCIATES
(Name of Person)

1548 BRICKELL AVENUE
(Firm/Company)

MIAMI, FL. 33129
(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

ALESSIA MARELLI at (305) 373-7016
(Name of Person) (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

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

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**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. S.C.I. CHANTERELLE 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. MONTE-CARLO, MONACO 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 21st, 1992 5. 2091
(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. 1548 BRICKELL AVENUE, MIAMI FL. 33129
(Principal office address)
(same as above)
(Current mailing address)
8. REAL ESTATE MANAGEMENT
(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: PIERO SALUSSOLIA
Office Address: 1548 BRICKELL AVENUE
MIAMI, Florida 33129
(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 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: STEFANO ZANINI

Address: 6565 SAN BERNARDINO

SWITZERLAND

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____


Secretary: ALESSIA MARELLI

Address: 1548 BRICKELL AVENUE, MIAMI, FL. 33129

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. ALESSIA MARELLI, SECRETARY
(Typed or printed name and capacity of person signing application)

20/11 '02 MER 18:30 FAX

Département des Finances
et de l'Economie

022

Principauté de Monaco

Direction de l'Expansion Economique

9, rue du Gabian
MC 98000 Monaco

4

Monaco, le 20/11/2002

Certificat d'inscription

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Le Directeur de l'Expansion Economique certifie

que la SOCIETE CIVILE

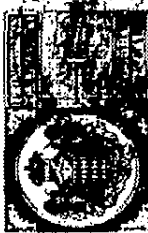
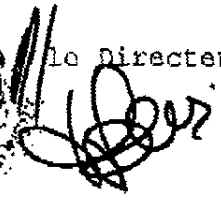
S.C.I. CHANTERELLE

en abrégé

dont le siège social est à Monaco,

2, AVENUE DE LA MADONE
LE MONTAIGNE
MONTE-CARLO

est immatriculée au Répertoire spécial des Sociétés Civiles
sous le numéro : 93 SC 07258

le Directeur,



Finance and Economy Department

Principate of Monaco

Division of Economic Expansion

9 Rue du Gabian
MC 98000 Monaco

Monaco, November 20th, 2002

CERTIFICATE OF GOOD STANDING

The Director of the Division for Economic Expansion hereby certifies

That the civil corporation

S.C.I. CHANTERELLE

in abbreviated form,

has its registered address in Monaco, in

2, AVENUE DE LA MADONE
LE MONTAIGNE
MONTE-CARLO

and that it is registered in the Special Registry for Civil Corporations

under number: 93 SC 07258

the Director

(signed and certified)

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TALLAHASSEE, FLORIDA

CERTIFICATE OF ACCURACY

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

GIADA ROCCA, being duly sworn, deposes and says:


That I am familiar with the English and French languages.

That I have made the attached translations from French into English and hereby certify that the same are true and complete translations to the best of my knowledge, ability and belief.


GIADA ROCCA

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledged before me this 12th day of December of 2002, by GIADA ROCCA who is personally known to me and who did not take an oath.



Notary Public

(Seal)

Name of Notary Public

ALESSIA MARELLI

My Commission Number is:

My Commission expires:

