

F03000006407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

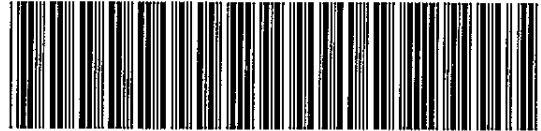
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

03 DEC 29 AM 9:48  
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Paola De Luca Giopelli Inc  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. PAOLA DE LUCA GIOIELLI INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 13-4182688  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-24-01 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. 14051 NORTH WEST 14TH ST. SUNRISE FL 33323  
(Principal office address)

\_\_\_\_\_  
(Current mailing address)

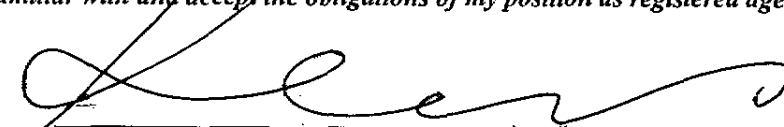
8. ANY LAWFUL PURPOSE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: STEPHEN KOVACS  
Office Address: 14051 NORTH WEST 14TH ST.  
SUNRISE FL 33323, Florida \_\_\_\_\_  
(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.

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

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

A. DIRECTORS

Chairman: STEPHEN KOVACS  
Address: 14051 N.W. 14TH ST. SUNRISE FL 33323

Vice Chairman: VIJAY MUNJAL  
Address: 14051 N.W. 14TH ST.  
SUNRISE FL 33323

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

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

B. OFFICERS

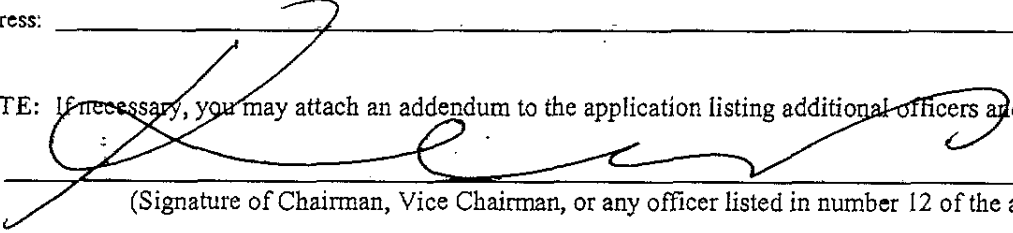
President: STEPHEN KOVACS  
Address: 14051 N.W. 14TH ST.  
SUNRISE FL 33323

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

Secretary: VIJAY MUNJAL  
Address: 14051 N.W. 14TH ST. SUNRISE FL 33323

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. STEPHEN KOVACS, PRESIDENT  
(Typed or printed name and capacity of person signing application)

**State of New York } ss:  
Department of State**

I hereby certify, that the Certificate of Incorporation of PAOLA DE LUCA GIOIELLI INC. was filed on 07/24/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*The Biennial Statement is past due.*

*I further certify, that no other documents have been filed by such Corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 10th day of December  
two thousand and three.*

*Secretary of State*