FAT 188802124

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ac | idress) | · · · · · · · · · · · · · · · · · · · |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | le) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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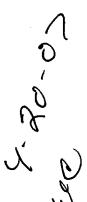
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SECRETARY OF STATE



COVER LETTER

| TO: New Filing Section Division of Corporations |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: ATELIER OF THE INCENTIVES (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: |
| ALESSANDRO SERVADE |
| (Name of Person) |
| ATELIER OF THE INCENTIVES INC |
| 1270 BROADWAY SUITE 803 E |
| NEW YOUR NY 10001 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (646) 36+-4690 (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building (Alea Code & Daytime Telephone Number) MAILING ADDRESS: New Filing Section Division of Corporations Clore Building P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| REGISTER A FOREIGN CORPORATION TO TRANSACT I | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") | " "COMPANY," "CORPORATION," |
| (If name unavailable in Florida, enter alternate corporate name | · · · · · · |
| 2. New York 3. | 56 - 2586696 (FEI number, if applicable) |
| | (FEI number, if applicable) |
| | ZERPETUAL_ |
| (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| 6. None | |
| | n Florida, if prior to registration) 502, F.S., to determine penetry liability) |
| · | 175 803 -NEW YOR -NY 10001 |
| 1270 REDADWAY, SUITE & | |
| ` | UT PLANNING CONPANY |
| 9. Name and street address of Florida registered agent: (P.C | D. Box NOT acceptable) |
| Name: VALERIE TRUCHS | |
| Office Address: 2911 NE 8 Ter | The state of the s |
| FORT LAUDSRDALE | |
| (City) | (Zip code) |
| 10. Registered agent's acceptance: Having been named as registered agent and to uccept servi | |
| designated in this application, I hereby accept the appoints further agree to comply with the provisions of all statutes t | ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties, |
| and I am familiar with and accept the obligations of my po | sition as registered agent. |
| | |
| (Registered agent's signature) | ······································ |
| 11. Attached is a certificate of existence duly authenticated, the Department of State, by the Secretary of State or other o | , not more then 90 days prior to delivery of this application to fficial having custody of corporate records in the jurisdiction |

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under the law of which it is incorporated.

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

| A. DIRECTORS | |
|----------------------------------------------------------------------------------------------|---------------------|
| Chairman: ALESSANDRO SERVADEI | |
| Address: 400 W 50 ST #6 | 7AL |
| NEW YORK NY 10019 | |
| Vice Chairman: GOR MATTIO | 100 m |
| Address: 347 W 123 ST | TO TO |
| Address: 347 W 123 ST NEW YORK NY 10027 Director: ALESSANDRO UVA | 2: L |
| Director: ALESSANDRO UVA | |
| Address: 20 Nott St | |
| NEWARK NJ 07105 | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: ALESSANDRO SERVADE | |
| Address: 400 W 50 ST #6 | |
| NEW YORK NY 10019 | |
| Vice President: 140R MATTIO | |
| Address: 347 W-123 rad St. | |
| | |
| NEW YORK, N.Y. 19027 | |
| Secretary: ALESSANDRO UVA | |
| Address: LO NoTT ST., Newer N. | 5,07105 |
| Treasurer: | |
| Address: | |
| NOTE IS | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officer | s and/or directors. |
| (Signature of Director or Officer listed in number 12 of the application) | |
| A | 1 |
| (Typed or printed name and capacity of person signing application) | |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ATELIER OF THE INCENTIVES, INC. was filed on 05/18/2006, 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 an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of April two thousand and seven.

Special Deputy Secretary of State

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