

F070000006170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

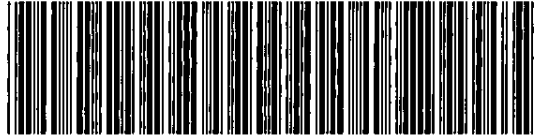
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/07--01059--008 **78.75

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TALLAHASSEE, FLORIDA

1/11

Esprit de Corps, Inc.

P.O. Box 208 * Alplaus, New York 12008-0208
Phone (518) 701-9246 * Voice/Fax (518) 399-7115
sheppeck@earthlink.net

December 12, 2007

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Allegrini USA, Inc.

Dear Sair or Madame,

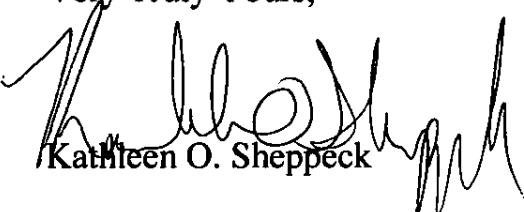
Please file the enclosed application for authority for the above.

Please return a certified copy along with the standard evidence of filing to the undersigned at the address above. I have enclosed my check for 78.75 for filing and copy fees.

Let me know if you have any questions.

Thank you for your kind assistance.

Very Truly Yours,


Kathleen O. Sheppeck

Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALLEGRINI USA, 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:

KATHLEEN SHEPPECK
(Name of Person)

ESPRIT DE CORPS, INC.
(Firm/Company)

PO BOX 208
(Address)

ALPLAUS, NY 12008-0208
(City/State and Zip code)

For further information concerning this matter, please call:

KATHLEEN SHEPPECK at (518) 701-9246
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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

**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. **ALLEGRINI USA, 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. **DELAWARE**

(State or country under the law of which it is incorporated)

3. **APPLIED FOR**

(FEI number, if applicable)

4. **NOV. 29, 2007**

(Date of incorporation)

5. **PERPETUAL**

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

6. **UPON FILING OF THIS APPLICATION**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **ONE PENN PLAZA, SUITE 3515, NEW YORK, NY 10119**

(Principal office address)

ONE PENN PLAZA, SUITE 3515, NEW YORK, NY 10119

(Current mailing address)

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8. **WHOLESALE OF AMENITIES/TOILETRIES**

(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 NOT acceptable)

Name: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Drive, Suite 4**

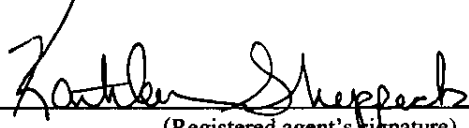
Weston, Florida **33331**

(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) **Kamleen Sheppard, Sec'y**

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. DIRECTORS

Chairman: MAURIZIO ALLEGRINI

Address: Via Salvo D'Acquisto 2, 24050,
Grassobbio (BG), Italy.

Vice Chairman: n/a

Address: _____

Director: LUCA LUCARELLI

Address: 1500 WASHINGTON ST. UNIT 4R
HOBOKEN, NJ 07030

Director: OTTAVIANO ALLEGRINI

Address: Via Salvo D'Acquisto 2, 24050,
Grassobbio (BG), Italy.

B. OFFICERS

President: LUCA LUCARELLI

Address: 1500 WASHINGTON ST. UNIT 4R
HOBOKEN, NJ 07030

Vice President: FILIPPO FRATTINI

Address: 1541 BRICKELL AVENUE, UNIT 2301
MIAMI, FL 33129

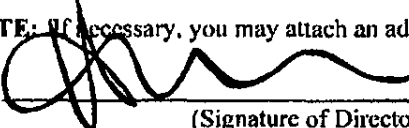
Secretary: HARI K. SAMAROO, ESQ.

Address: ONE PENN PLAZA SUITE 3515, NEW YORK, NY 10119

Treasurer: LUCA LUCARELLI

Address: 1500 WASHINGTON ST. UNIT 4R, HOBOKEN, NJ 07030

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. HARI K. SAMAROO, SECRETARY

(Typed or printed name and capacity of person signing application)

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLEGRIINI USA, 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 ELEVENTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLEGRIINI USA, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6226504

DATE: 12-11-07