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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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SECRETARY OF STAIL

APPROVE

WAS VERSON

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: ALMO NATURE 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: |
| Ms. MAGGIE VALERIO |
| Name of Person) |
| ALMO NATURE USA INC. (Firm/Company) |
| (Firm/Company) |
| 4689 Sw 71 AVENUE |
| (Address) |
| MIAMI, FL 33155 (City/State and Zip code) |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Man 1/2 |
| MAGGIE VALERIO at (305) 6693099 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| New Filing Section Division of Corporations New Filing Section Division of Corporations |
| Division of Corporations Clifton Building Division of Corporations 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 & \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2009

MS. MAGGIE VALERIO 4689 SW 71 AVENUE MIAMI, FL 33155

SUBJECT: ALMO NAUTE USA, INC.

Ref. Number: W09000015086

We have received your document for ALMO NAUTE USA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 709A00010872

Valerie Herring Regulatory Specialist II New Filing Section

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. ALMO NATURE USA INC. | |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "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. 26 3034104 FE 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| 7/0/-0 | FILED |
| 4. 7/8/08 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual;") | F 1 1 |
| 6 ω | |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 7. 4689 SW 71 AVENUE MIAMI FL 33155 | |
| (Principal office address) | |
| (Current mailing address) | |
| 8. ANY LAWFUL ACTIVITY AUTHORIZED UNDER FURINA LAW (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | X/ |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| Name: MS MAGGIE VALERIO | |
| Office Address: 4689 Sw 71 AVENUE | |
| MIAMI , Florida 33155 (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.

FILED

09 APR 10 PK 2:31

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| A. DIRECTORS |
|---|
| Chairman: MR PIER GIOVANNI CAPELLINO |
| Address: PIAZZA DEL GIUSTINIANI 6 |
| GENOVA 16123 ITALY |
| Vice Chairman: MR. LORENZO CAPELLINO |
| Address: PIAZZA DEI GIUSTINIANI 6 |
| GENOVA 16123 ITALY |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: |
| Address: |
| |
| Vice President: |
| Address: |
| |
| Secretary: |
| Address: |
| Treasurer: |
| Address: |
| () |
| 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. PIER GIOVANNI CAPELLINO CHAIRMAN |
| (Typed or printed name and capacity of person signing application) |

APPRUYE, AND FILED

Delaware

09 APR 10 PM 2: 31

POSE
RETARY OF STATE
FALLAHASSEE, FLORIDA

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "ALMO NATURE USA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF JULY,
A.D. 2008, AT 12:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "ALMO NATURE USA, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALMO NATURE USA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4572713 8310

090279664

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7201572

DATE: 03-23-09

You may verify this certificate online at corp.delaware.gov/authver.shtml