

F090000002/03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

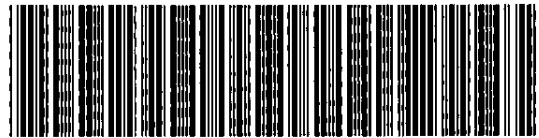
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/09--01029--002 **70.00

09 MAY 21 AM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OSWEGO ITALIA S.p.A. ("Incorporated")

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:

Ugo V. Chiarato

Name of Person

Certified Public Accountant

Firm/Company

1680 MICHIGAN AVENUE, SUITE 1022

Address

MIAMI BEACH FL 33139

City/State and Zip code

betty@oswego-spa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ugo V. Chiarato, CPA

Name of Person

at (305) 899-5099

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. OSWEGO ITALIA S.p.A. ("Incorporated")

(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. ITALY

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

3. _____

(FEI number, if applicable)

4. DECEMBER 10, 2002

(Date of incorporation)

5. PERPETUAL

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

6. MAY 18, 2009

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

7. 1680 MICHIGAN AVENUE, SUITE 1022, MIAMI BEACH FL 33139

(Principal office address)

1680 MICHIGAN AVENUE, SUITE 1022, MIAMI BEACH FL 33139

(Current mailing address)

8. WHOLESALE, IMPORT AND EXPORT OF CATTLE HIDES, SKINS AND LEATHER

(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: UGO V. CHIARATO, CPA

Office Address: 1680 MICHIGAN AVENUE, SUITE 1022

MIAMI BEACH

(City)

, Florida 33139

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SUSAN ROBERTS

Address: 18 Royal Oak Court, St Peters Way
Irthlingborough, Wellingborough NN9 5SD - United Kingdom

Vice Chairman: ELISABETTA TERRENI

Address: Via Leonardo da Vinci 4
50053 Empoli (Firenze) Italy

Director: MIGUEL A. ARRUTI
Address: 614 CONSERVATION DR.
WESTON, FL 33327

Director: _____

Address: _____

B. OFFICERS

President: SUSAN ROBERTS

Address: 18 Royal Oak Court, St Peters Way
Irthlingborough, Wellingborough NN9 5SD - United Kingdom

Vice President: MIGUEL A. ARRUTI

Address: 614 Conservation Drive
Weston, Florida 33327

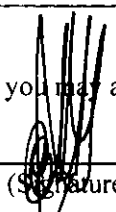
Secretary: Ugo V. Chiarato

Address: 1680 Michigan Avenue, suite# 1022, Miami Beach, Florida 33139

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. Miguel A. Arruti, Vice-President + DIRECTOR
(Typed or printed name and capacity of person signing application)

CAMERA DI COMMERCIO INDUSTRIA ARTIGIANATO E AGRICOLTURA DI PISA
- UFFICIO REGISTRO DELLE IMPRESE -

CERTIFICATO DI ISCRIZIONE NELLA SEZIONE ORDINARIA ABBREVIATO

DATI IDENTIFICATIVI DELL'IMPRESA

Codice fiscale e numero d'iscrizione: 01896990502
del Registro delle Imprese di PISA
data di iscrizione: 18/11/2008

Iscritta nella sezione ORDINARIA

il 18/11/2008

Iscritta con il numero Repertorio Economico Amministrativo 164030

Denominazione: OSWEGO ITALIA S.P.A

Forma giuridica: SOCIETA' PER AZIONI CON SOCIO UNICO

Sede:
SANTA MARIA A MONTE (PI) VIA CAPPELLETTO, 67 CAP 56020

Insegna: OSWEGO

Costituita con atto del 10/12/2002

INFORMAZIONI PATRIMONIALI E FINANZIARIE

Capitale Sociale in EURO:
deliberato 2.521.260,00
sottoscritto 2.521.260,00
versato 2.521.260,00
conferimenti in DENARO

Il presente certificato riporta le notizie/dati iscritti nel Registro alla data odierna.

Apporre nr.bolli 1 di Euro 14,62 ciascuno
IL CONSERVATORE

Dott.ssa Giuliana Grison

CERTIFICATO PRODOTTO TRAMITE IL SISTEMA INFORMATIVO AUTOMATIZZATO PRESSO

Michael J. Buell
Indirizzo : Via San Benedetto 3
22124 Bergamo BG

IL CONSERVATORE
D.ssa GIULIANA GRISON

09 MAY 21 AM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Il presente certificato è valido unicamente se reca la contromarca attestante l'avvenuto pagamento dei diritti di segreteria.

CHAMBER OF COMMERCE INDUSTRY TRADE AND AGRICULTURE OF PISA
- COMPANIES REGISTER -

CERTIFICATE OF REGISTRATION IN THE ABBREVIATED ORDINARY SECTION

COMPANY DETAILS

Tax code and registration number: 0189699052
of the PISA Companies Register
Date of registration: 18/11/2008

Registered in the ORDINARY section on the 18/11/2008

Registered under Administrative Economic number 164030

Name: OSWEGO ITALIA S.P.A.

Legal status: STOCK COMPANY WITH SINGLE SHAREHOLDER

Offices: SANTA MARIA A MONTE (PI) VIA CAPPELLETTO, 67 - Postcode 56020

Sign: OSWEGO

Incorporated with deed dated 10/12/2002

CAPITAL AND FINANCIAL INFORMATION

Share Capital in Euros:

deliberated	2,521,260.00
subscribed	2,521,260.00
paid-in	2,521,260.00

CASH payments

This certificate bears the information/data recorded in the register to date.

One stamp of the value of 14.62 Euros to be applied.

THE REGISTRAR
Giuliana Grison

CERTIFICATE GENERATED BY THE AUTOMATED IT SYSTEM BY

Michael J. Buell

Address: Via San Benedetto, 3
22124 Bergamo (BG)

Writing up left side of page: This certificate is only valid if it bears the stamp indicating payment of the duty required.

Rubber stamp in lower right area:

THE REGISTRAR
Giuliana Grison
Signature of Giuliana Grison

APPROVED
AND
FILED
09 MAY 21 AM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Il Traduttore:
Simone Pasotti



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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRIBUNALE DI MANTOVA

Cancelleria Della Volontaria Giurisdizione

N. 1723/09 AMM. Vol.
N. 2022 Cron.

VERBALE DI ASSEVERAZIONE

Addì 04/05/2009, nella Cancelleria dell'intestato Tribunale, avanti al Cancelliere
C1, sottoscritto, è comparso il sig. SIMONA PASOTTI nato a
MANTOVA il 20/12/1970
residente VIA F.LLI BANDIERA 33 -46100 MANTOVA,
identificato a mezzo CARTA D'IDENTITA' n° 1065286 AA

- ☐ il quale ha presentato la relazione che precede, composta da n. _____ facciate chiedendo di asseverarla con giuramento;
- ☒ il quale chiede di asseverare con giuramento l'acclusa traduzione dalla lingua
ITALIANA alla lingua INGLESE composta da n. 1 pagine.

Il Funzionario di Cancelleria, previe le ammonizioni di legge, invita il comparente al giuramento di rito, che egli presta, ripetendo:

“Giuro di avere bene e fedelmente proceduto alle operazioni affidatemi al solo scopo di far conoscere la verità”.

Letto, confermato e sottoscritto.

IL PERITO

Simone Pasotti



IL CANCELLIERE B3
(dott. Salvatore Scognamiglio)

IL CANCELLIERE C2
Dr.ssa STEFANIA SAVAZZI

[Signature]





**PROCURA DELLA REPUBBLICA PRESSO IL TRIBUNALE DI
MANTOVA**

N° 402 anno 2009

*** APOSTILLE**

(Convention de la Haje du 5 octobre 1961)

REPUBBLICA ITALIANA

IL PRESENTE ATTO PUBBLICO E' STATO SOTTOSCRITTO DA
Dr.ssa STEFANIA SAVAZZI CHE AGISCE IN QUALITA' DI
CANCELLIERE

SEGNATO DAL SIGILLO

TRIBUNALE CIVILE E PENALE

ATTESTATO A MANTOVA IN DATA ...7/5/09..
DAL PROCURATORE DELLA REPUBBLICA

IL PROCURATORE DELLA REPUBBLICA

Dott. Antonino CONDORELLI



APPROVED
AND
FILED

09 MAY 21 AM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA