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To:

Division of Corporations

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Account Name : CSH SERVICES, LLC

Account Number: 120070000160 Phone: (800)494-3124

Fax Number : (561)455-9885

7009 OCT - 1 PM 1: 16

FOREIGN PROFIT/NONPROFIT CORPORATION

MILLEFIORI USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DEPARTMENT OF STATE
INVISION OF CORPORATIONS
TALLAHASSEF EL GENERALIONS

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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.	1. MILLEFIORI USA, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")				_	
	inc.," "Co.," "Corp, "	ine, 'Co, or Corp.')				_
	(If name unavailable in			adopted for the purpose of transacting business in l	Plorida))
2.	DELAWARE	;	3.	68-0678057		_
	(State or country under t	the law of which it is incorporated)		(FEI number, if applicable)		-
4.	03/23/2009	:	5.	PERPETUAL		_
	(Date of inco	orporation)		(Duration: Year corp. will cease to exist or "perp	etual")	_
6.	UPON QUALI	FICATION				_
				Florida, if prior to registration) 02, F.S., to determine penalty liability)	-	-
7	1000 WEST A	VENUE PH 17, MIAMI	В	EACH, FLORIDA 33139		
,		(Principal office a	ddr	ess)		-
	1000 WEST A	VENUE PH 17, MIAMI	В	EACH, FLORIDA 33139		_
		(Current mailing a	ıddr	ess)		_
8	SALE OF FRA	GRANCE AND PERSO	01	NAL CARE PRODUCTS		5
٠.				untry to be carried out in state of Florida)	009 OCT	SEC
9.	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					웊쯢
	Name: AL	ESSANDRO ROLAND		<u> </u>	<u> </u>	TANE C
0	ffice Address: 100	00 WEST AVENUE PH	1 1	<u>7 .</u>	₽	RPO RPO
	MIA	AMI BEACH		, Florida 33139		R/AI
		(City)		(Zip code)	16	SHO.
). Registered agent's		rvic	e of process for the above stated corporation	at the	place
de fu	signated in this applic orther agree to comply	cation, I hereby accept the appoin	s <i>re</i>	ent as registered agent and agree to act in the lative to the proper and complete performand	is capa	icity. I
		all All	ر			
		(Registered agent's signature	e)			

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

A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: ALESSANDRO ROLANDI			
Address: 1000 WEST AVENUE			
MIAMI BEACH, FLORIDA 331	39		
Vice President:			
Address:			
Secretary:			
Address:			
Treasurer:			
Address:			
nome is	all and the state of the state		
60.00	the application listing additional officers and/or directors.		
13. (Signature of Director or Office	r listed in number 12 of the application)		
14. ALESSANDRO ROLANDI, PRES			

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

Delaware PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HERBBY CERTIFY THAT THE REGISTERED AGENT ON RECORD FOR "MILLEFIORI USA, INC." IS THE CORPORATION TRUST COMPANY, CORPORATION TRUST CENTER, 1209 ORANGE STREET, WILMINGTON DE 19801.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILLEFIORIUSA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION 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.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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AUTHENTI CHTTOW Bulley'S Begritage Slate

DATE: 09-30-09

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