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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

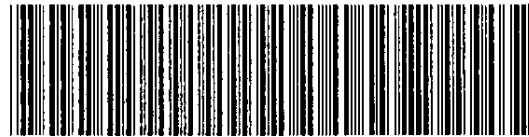
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 16 2011

W11-6371
505

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A. FASSANO & COMPANY

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," or "Certificate of Good Standing" 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:

Lee Genoese, C.P.A.

Name of Person

A. FASSANO & COMPANY

Firm/Company

12 Penns Way

Address

New Castle, DE 19720

City/State and Zip code

corzechowski@gneoesewealth.com

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

For further information concerning this matter, please call:

Lee Genoese, C.P.A.

at (302) 221-6785

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

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 SECRETARY OF STATE

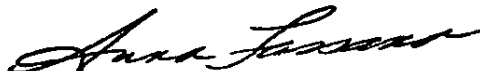
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. A. FASSANO & COMPANY, 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 3. 52-1928720
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/13/1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 900 ROUTE 168, SUITE A-2, TURNERSVILLE, NJ 08012
(Principal office address)
- 24 CLEMENS LANE, BLACKWOOD, NJ 08012
(Current mailing address)
8. SALES AND LOGISTICS FOR RUNNING TRADE SHOWS
(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: ANNA FASSANO
- Office Address: 15501 1ST STREET EAST
REDINGTON BEACH, Florida 33708
(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.

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

A. DIRECTORSChairman: ANNA FASSANOAddress: 900 ROUTE 168, SUITE A-2TURNERSVILLE, NJ 08012

Vice Chairman: _____

Address: _____


Director: ANNA FASSANOAddress: 900 ROUTE 168, SUITE A-2TURNERSVILLE, NJ 08012

Director: _____

Address: _____

B. OFFICERSPresident: ANNA FASSANOAddress: 900 ROUTE 168, SUITE A-2TURNERSVILLE, NJ 08012Vice President: ANNA FASSANOAddress: 900 ROUTE 168, SUITE A-2TURNERSVILLE, NJ 08012Secretary: ANNA FASSANOAddress: 900 ROUTE 168, SUITE A-2, TURNERSVILLE, NJ 08012Treasurer: ANNA FASSANOAddress: 900 ROUTE 168, SUITE A-2, TURNERSVILLE, NJ 08012

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TALLAHASSEE, FLORIDA

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. ANNA FASSANO PRESIDENT
(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 HEREBY CERTIFY "A. FASSANO & COMPANY" 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 TWENTIETH DAY OF JANUARY, A.D. 2011.


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TALLAHASSEE, FLORIDA

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8507997

DATE: 01-20-11