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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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12 JAN 30 PM 1: 25
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

1/31/12

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Tognana 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," 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:	
Bernard Kiesel	_
Name of Person	
KDK Accountancy Corpration	
Firm/Company	
555 Winderley Place, Suite 114	
Address	
Maitland, FL 32751	
City/State and Zip code	
BK@orlandocpa.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bernard Kiesel at (407) 677-1040	
Name of Person Area Code & Daytime Telephone Number	
TO THE STATE OF TH	
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section	7
New Filing Section New Filing Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	L D
2661 Executive Center Circle Tallahassee, FL 32314	
Tallallassee, PL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \times \text{S78.75 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. Tognana US	A, Inc.			
(Enter name of o	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"	•
(If name unavail	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)	•
_{2.} Delaware		3.	26-2665333	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	•
4. 06/30/2008		5.	Perpetual	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. January 2 3, 2	2012			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 555 Winde	rley Place, Suite 114			
	(Principal office	add	ress)	
Maitland, F	FL 32751			
	(Current mailing	add	ress)	
0-1			_	
	bleware and associated ite s) of corporation authorized in home state of		 	
, , ,	•		> Copi	
9. Name and stree	et address of Florida registered agent: ((P.C	D. Box NOT acceptable)	
Name:	Bernard Kiesel		<u>—</u> Sca 3	77
Office Address:	555 Winderley Place, Suite 1	14		ш Г
	Maitland			m D
	(City)		, Florida 32751	
10 5 1			M	
	gent's acceptance: ned as registered agent and to accept se	rvi	ce of process for the above stated corporation at the p	lace
designated in this	application, I hereby accept the appoin	ntn	nent as registered agent and agree to act in this capac	ity. I
	omply with the provisions of all statute with and accept the obligations of my		elative to the proper and complete performance of my sition as registered agent	dutio
ana i um jumuur	man una accept the obligations of my	ρυ	ошон во годинетов вдена	
	Fee	to		
_				
	(Registered agent's signatu	ıre)		

^{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	FILED
Chairman: Giusto Morosi	12 JAN 30 PM 1: 25
Address: Piazza Michelangelo Buonarroti, 24	SEGRETANT DE STATE TALLAHASSEE, FLORIDA
20149 milano (MI) Italy	MCLANASSEE, FLORIDA
Vice Chairman:	and the same of
Address:	
Director: Mauro Benedetti	, , , , , , , , , , , , , , , , , , ,
Address: Corso Lodi, 37	
20135 Milano (MI) Italy	
Director:	
Address:	
B. OFFICERS	
President: Giusto Morosi	
Address: Piazza Michelangelo Buonarroti, 24	
20135 Milano (MI) Italy	
Vice President:	
Address:	
Secretary: Mauro Benedetti	
Address: Corso Lodi, 37 20135 Milano (MI) Italy	
Treasurer: Mauro Benedetti	
Address: Corso Lodi, 37 20135 Milano (MI) Italy	
NOTE: If necessary, you may attach an addendum to the application listing additional or	fficers and/or directors.
13.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affir are true and that he or she is aware that false information submitted in a document to the I third degree felony as provided for in s.817.155, F.S.	Department of State constitutes a
14. MAURO BENEDETTI SECRETARY To	REASUNER
(Typed or printed name and capacity of person signing application	n)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TOGNANA 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 THIRTEENTH DAY OF

JANUARY, A.D. 2012.

12 JAN 30 PM 1: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4387541 8300

111340152

AUTHENTY CATION: 9297040

DATE: 01-13-12

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