

F13000001080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

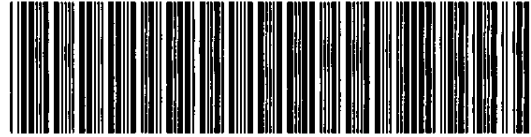
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/11/13--01030--003 \*\*78.75

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TALLAHASSEE FLORIDA

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125 BROAD STREET, NEW YORK, NY 10004 TEL 212 471-8500 FAX 212 344-3333 WWW.HERZFELD-RUBIN.COM

March 7, 2013

**Flavia Mascolo**

Direct Line: (212) 471-8523  
FMascolo@herzfeld-rubin.com

Division of Corporations  
New Filing Section  
Clifton Building 2661 Executive Center Circle  
Tallahassee, FL 32301

VIA UPS

Re: TISSUE EXCELLENCE CENTER, INC. – Application by Foreign Corporation

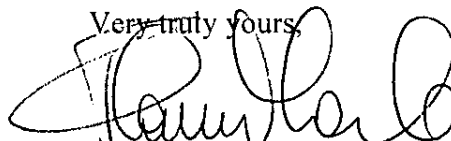
Dear Sirs:

Please find enclosed the Application by foreign Corporation for Authority to Transact Business in Florida for Tissue Excellence Center, Inc., a certificate of good standing and a check in the amount of \$78.75 for the filing fee and certified copy of the filed application.

Please file the application and send us a certified copy and do not hesitate to contact us should you have any questions.

Thank you very much for your cooperation.

Very truly yours,



Flavia Mascolo

Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Tissue Excellence Center, 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:

Flavia Mascolo

Name of Person

Herzfeld & Rubin, PC

Firm/Company

125 Broad Street

Address

New York, NY 10004

City/State and Zip code

fmascolo@herzfeld-rubin.com

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

For further information concerning this matter, please call:

Flavia Mascolo

Name of Person

at ( 212 ) 471-8523

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. Tissue Excellence Center, 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. Wisconsin

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

3. 06-1826131

(FEI number, if applicable)

4. 08/08/2007

(Date of incorporation)

5. Perpetual

(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. 3116 North Pointer Road, Appleton, Wisconsin 54911

(Principal office address)

3116 North Pointer Road, Appleton, Wisconsin 54911

(Current mailing address)

8. Any lawful act or activity for which a corporation may be organized

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

Michael Malkowski  
(Registered agent's signature)

Michael Malkowski  
Assistant Secretary

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: See enclosed sheet

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Marco Bottecchia

Address: 3116 N. Pointer Rd., Appleton, WI 54911

Vice President: Valter Marcolini

Address: 3116 N. Pointer Rd., Appleton, WI 54911

Secretary: Gisella Levi Caroti

Address: Herzfeld & Rubin, PC, 125 Broad Street, New York, NY 10004

Treasurer: Valter Marcolini

Address: 3116 N. Pointer Rd., Appleton, WI 54911

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Gisella Levi Caroti, Secretary

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Name/ Title	Business Address
Vanni Angeli	3116 N Pointer Rd. Appleton, WI 54911
Alessandro De Matteis	3116 N Pointer Rd. Appleton, WI 54911
Matteo Gentili	3116 N Pointer Rd. Appleton, WI 54911
Valter Marcolini	3116 N Pointer Rd. Appleton, WI 54911
Andrea Tonini	3116 N Pointer Rd. Appleton, WI 54911

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TALLAHASSEE FLORIDA

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United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**TISSUE EXCELLENCE CENTER, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 8, 2007.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 22, 2013.

*Paul M. Holzem*

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 116305-0F82D260