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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cathy.ingbrethsen@alpisua.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Alpi U.S.A., Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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H130001415403
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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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. Alpi U.S.A., 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. New York 3. 13-3760895
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 9, 1994 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. 156-15 146th Avenue, Jamaica, New York 11434
 (Principal office address)
156-15 146th Avenue, Jamaica, New York 11434
 (Current mailing address)
8. to engage in any lawful act or activity for which corporations 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: NRAI Services, Inc.
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (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.

NRAI Services, Inc.

By: [Signature]

(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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Piero Albin

Address: 156-15 146th Avenue, Jamaica, New York 11434

Director: _____

Address: _____

B. OFFICERS

President: Cathy Ingebrethsen

Address: 156-15 146th Avenue, Jamaica, New York 11434

Vice President: _____

Address: _____

Secretary: Cathy Ingebrethsen

Address: 156-15 146th Avenue, Jamaica, New York 11434

Treasurer: Cathy Ingebrethsen

Address: 156-15 146th Avenue, Jamaica, New York 11434

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

13. _____

Cathy Ingebrethsen
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. Cathy Ingebrethsen, President

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

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ALPI U.S.A., INC. was filed on 03/09/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of June
two thousand and thirteen.*

Daniel Shapiro
Special Deputy Secretary of State

201306210120 * KK