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(Address)

(Address)

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**COVER LETTER**

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

**SUBJECT:** MASCARO 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:

Francisca Cano Sanchez

Name of Person

Mascaro USA, Inc.

Firm/Company

1034A Lexington Avenue

Address

New York, NY 10021

City/State and Zip code

jmascaropalma@hotmail.com

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

For further information concerning this matter, please call:

Francisca Cano Sanchez at ( 212 ) 249-7844

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

**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. MASCARO USA, 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

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

3. 27-1868294

(FEI number, if applicable)

4. 02/04/2010

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 15, 2013

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1034A LEXINGTON AVENUE, NEW YORK, NY 10021

(Principal office address)

1034A LEXINGTON AVENUE, NEW YORK, NY 10021

(Current mailing address)

8. Retail of Footwear

(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: United Corporate Services, Inc.

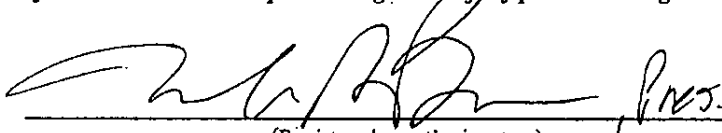
Office Address: 9200 South Dadeland Boulevard, Suite 508

Miami, Florida 33156  
(City) (Zip code)

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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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: LINA MASCARO

Address: POLIGONO INDUSTRIAL DE FERRERIAS, PARCELA 9  
FERRERIAS, 07750 MENORCA SPAIN

Vice President: JULIO DE OLIVES

Address: AVENIDA FORT DE L'EAU, 121, 4-A  
MAHON, 07701 MENORCA SPAIN

Secretary: FRANCISCA CANO SANCHEZ

Address: 215 EAST 68TH STREET, APT 14Z, NEW YORK, NY 10021

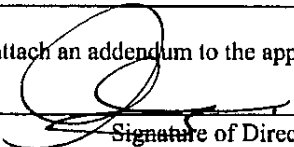
Treasurer: FRANCISCA CANO SANCHEZ

Address: 215 EAST 68TH STREET, APT 14Z, NEW YORK, NY 10021

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**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. FRANCISCA CANO SANCHEZ, Secretary

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

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

I hereby certify, that the Certificate of Incorporation of MASCARO USA, INC. was filed on 02/04/2010, 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.



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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 11th day of September two  
thousand and thirteen.*

*Anthony Scardino*

Executive Deputy Secretary of State