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(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:	
CORRECTED:	
1). CORP. NAME TO MATCH COS 2). CHANGED DATE TOREAD 17th	
2). CHANGED THE MICHOPETUR	ر,
J.) ADDED TERM "PERPETUAL TO LINE #5 (DURATION)	- /
PERTELIPHONE CONFRISATION	
PERTEUPHONE CONVERSATION WITH MANSA P. MURPHY. Office Use Only	
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COVER LETTER

27

TO: New Filing Section Division of Corporations
SUBJECT: DVM IMPORTING COMPANY, THE 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: Maria A. Murphy Name of Person Standard Company Firm/Company 1186284654, FM 665 Address
New York NY 10016
Address New York City/State and Zip code Maria address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA A. MURPHY at (2/2) 679-0822 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 S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy - S78.75 Filing Fee & Certified Copy Certified Copy - Certified Copy 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. DV M IMporting Co., Inc.
(Enter name of corporation, must include "NCORPORATED, "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") omenico Valentino Selections (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 118 E. 28 4 St., RM 605, NY, NY 100/4
(Principal office address) (Principal office address)

118 E. 28 M St., Ry 605, NY, NY 10016

(Current mailing address) 8. <u>ITALIAN WINE IMPORTER / Whole Saler</u>
(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: Office Address: 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. Comercia franklero

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS · Chairman: __ Address: ___ Vice Chairman: Address; Address: Director: ئت Address: **B. OFFICERS** MARZOUIlla 0005 Vice President: Address: __ Secretary: ___ Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

(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 DVM IMPORTING CO., INC. was filed on 02/17/2005, 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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MASSEE FLOWING

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of August two thousand and thirteen.

Chiting Scardina

Executive Deputy Secretary of State