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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001 Phone : (305)854-6000 Fax Number : (305)860-2076

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FOREIGN PROFIT/NONPROFIT CORPORATION SKILCO INCORPORATED

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OCT 2 0 2014

S. GILBERT

10/17/2014

SKII CO INCORPORATED

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.

	and it is sorted, other diteriories corpore	rate name adopted for the purpose of transacting business in Florida)
NEW Y	ORK	_{3.} 46-5430134
_	under the law of which it is incorpora	•
04/18/2	014	5. PERPETUAL
_ *	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
<u>UPON</u>	FILING	
	(Date first transacted b	business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liability)
51/0 Nc		verly Hills, Florida 34465
J143 NC		office address)
5149 No	•	verly Hills, Florida 34465
0110110	+···· · · · · · · · · · · · · · · · · ·	ailing address)
	·	in the second
		The second secon
Any lawful t	usiness or activities under th	he laws of the State of Florida and the United States:
		he laws of the State of Florida and the United States
(Purpose(he laws of the State of Florida and the United States: state or country to be carried out in state of Florida) gent: (P.O. Box NOT acceptable)
(Purpose)	of corporation authorized in home set address of Florida registered age	he laws of the State of Florida and the United States: state or country to be carried out in state of Florida) gent: (P.O. Box NOT acceptable)
(Purpose(of corporation authorized in home set address of Florida registered age	he laws of the State of Florida and the United States: state or country to be carried out in state of Florida) gent: (P.O. Box NOT acceptable) RA, P.A.
(Purpose(Name and <u>stre</u> Name:	of corporation authorized in home set address of Florida registered age	he laws of the State of Florida and the United States: state or country to be carried out in state of Florida) gent: (P.O. Box NOT acceptable) RA, P.A. , 4th Floor
(Purpose)	of corporation authorized in home set address of Florida registered age	he laws of the State of Florida and the United States: state or country to be carried out in state of Florida) gent: (P.O. Box NOT acceptable) RA, P.A. , 4th Floor

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. SPIECEL & UTRERA, P.A.

TRERA VICE-YRESIDEN

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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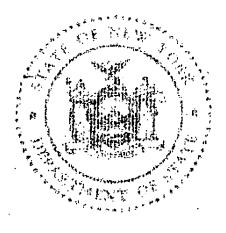
12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Jobiana Gabrielli
Address: 5149 North Mint Point
Beverly Hills, Florida 34465
Vice Chairman: Christian Gabrielli
Address: 5149 North Mint Point
Beverly Hills, Florida 34465
Director:
Address:
Director:
Address:
B. OFFICERS
President: Christian Gabrielli
Address: 5149 North Mint Point
Beverly Hills, Florida 34465
Vice President:
Address:
Secretary: Jobiana Gabrielli
Address: 5149 North Mint Point, Beverly Hills, Florida 34465
Treasurer:
Address:
NOTE: If nacessary, you-may attach an addendum to the application listing additional officers and/or directors.
13. Autau Spielli
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 fellowy as provided for in s.817.155, F.S.
14. Christian Gabrielli, 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 SKILCO INCORPORATED was filed on 04/18/2014, 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.



WTTNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of October two thousand and fourteen.

Executive Deputy Secretary of State

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