F16000001077

| (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: |
| |
| rue 5/2 |
| 1000 |

Office Use Only



200247487722

05/09/16--01039--001 **43.75

16 MAY 10 PH 4: 06
SECRETARY SE SUST.
TALLAHASSEE, PT 19PH)

MAY 1 0 2016 D CUSHING

COVER LETTER

| TO: An Div | iendment Section vision of Corporati | ons | | | | | | |
|-------------------------|--|---|-----------------------------|--|--|------------------|--------|------------|
| SUBJECT | ITALIAN | DISTRIB | | | | | | |
| | | | Name of Corpor | ation | | | | |
| DOCUMI | ENT NUMBER: <u></u> | 1000000107 | <u>'</u> | | | | | |
| The enclos submitted | ed <i>Affidavit by Fo</i> for filing. | reign Corporati | on to Change | 'Add Office | r(s) and/or Director | (s) and f | ee are | ! |
| Please retu | ırn all corresponde | nce concerning t | his matter to tl | ne following | g: | | | |
| VIVIA | N WILLIA | MS | | | | | | |
| | Name of Co | ntact Person | | | | | | |
| FLORID | A ANNUAL RI | EPORT SER' | VICES INC | | | | | |
| | Firm/C | ompany | | | | | | - |
| 2300 | CORAL W | /AY | | | | | | |
| | Ad | dress | | , | •• | <u>-</u> -4 | | |
| MIAN | II, FLORID | A 33145 | | | | SECI | 16 M | mar of any |
| | City/State a | ınd Zip Code | | | | AHA E | MAY | 3 } |
| VIVIA | N@CANT | ERATAX | .COM | | | 3SE Yny | 0 | |
| E-mai | l address: (to be used | d for future annual | report notificat | ion) | | اند سازی | PH | [1] |
| For further | information conc | erning this matte | r, please call: | | | | կ։ 06 | ***** |
| VIVIA | N WILLIA | MS | _{at (} 305 | ,856-0 | 056 | ŗ- | | |
| N | lame of Contact Pers | son | at (Area Code o |) & Daytime T | elephone Number | | | |
| Enclosed i | s a check made pay | yable to the Flori | da Departmen | t of State fo | or the following amo | ount: | | |
| □ \$35 | 5.00 Filing Fee 🔲 \$ | 43.75 Filing Fee & Certificate of Status | Certific | Filing Fee & ed Copy onal copy is ed) | \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) | & | | |
| An Div P.C | niling Address: nendment Section vision of Corporati D. Box 6327 | | Amend Divisio Clifton | Address: ment Section of Corpor Building | rations | | | |
| Fal | lahassee, FL 3231 | 4 | 2661 E | xecutive Ce | enter Circle | | | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

VIVIAN WILLIAMS FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY, SUITE 200 MIAMI, FL 33145

SUBJECT: ITALIAN DISTRIBUTION, INC.

Ref. Number: F16000001077

We have received your document for ITALIAN DISTRIBUTION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application please see the attached.

There is no provision for a foreign corporation to file an amendment to change officers and/or directors its first year of qualification. Please submit an Affidavit signed by an officer or director listing the titles, names, and addresses of the officers and/or directors. After the first year of qualification, changes can be made on the corporation annual report which is filed between January 1 and May 1 each year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 716A00009690



13 ORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(8) AND/OR DIRECTOR(S)

| (<u>Note: Applicable</u> | only during the first calendar year of qualification) | | | | | |
|---|--|--|--|--|--|--|
| The name of the foreign corporate ITALIAN DISTRIBUTION | tion as it appears on the records of the Florida Department of State is. N, INC. | | | | | |
| 2. This entity was authorized to trannumber is F16000001077 | This entity was authorized to transact business in Florida on 03/07/2016 and its Florida document number is F16000001077 | | | | | |
| 3. This corporation was formed und | ler the laws of DELAWARE | | | | | |
| | Ticer and or director is as follows: | | | | | |
| Title: VP (ADD) | Name and Address GIULIA GRANELLINI | | | | | |
| | C/O 2300 CORAL WAY | | | | | |
| | MIAMI, FLORIDA 33145 🚊 💂 🥫 | | | | | |
| | 200 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (Alta | ich additional pages if necessary) | | | | | |
| wo rull | VICE PRESIDENT | | | | | |
| ature of an officer or director | Title of person signing | | | | | |
| or printed name of person signing | FILING FEE \$35 | | | | | |

Make checks payable to Florida Department of State and Mail to-Division of Corporations*PO Box 6327*Tallahassee, FL 32314

CR2f 127 (8 08)