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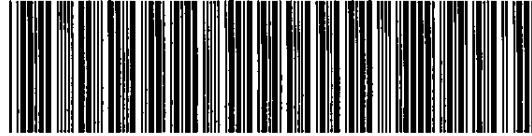
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 13 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2016

DANIELE LANDINI  
24 WEST 40TH ST 4TH FLOOR  
NEW YORK, NY 10018

SUBJECT: ALITALIA - SOCIETA' AEREA ITALIANA S.P.A.  
Ref. Number: W16000022875

We have received your document for ALITALIA - SOCIETA' AEREA ITALIANA S.P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 916A00006326

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALITALIA SOCIETA AEREA ITALIANA SPA  
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:

DANIELE LANDINI

Name of Person

ALITALIA SOCIETA AEREA ITALIANA S.P.A.

Firm/Company

24- WEST 40TH STREET 4TH FLOOR

Address

NEWYORK, N.Y. 10018

City/State and Zip code

DANIELE.LANDINI@ALITALIA.COM

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

For further information concerning this matter, please call:

Dominick Chiulli

Name of Person

at ( 212 )

Area Code

903-3335

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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. ALITALIA - SOCIETA' AEREA ITALIANA S.p.A. CORPORATION  
(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. ITALY 3. 98-1206524  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 9/24/14 5. 12/31/50  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. MIAMI INTL AIRPORT CONCOURSE H 5TH FLOOR RM H50252  
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TANIA NICOLETTI

Office Address: MIAMI INTL AIRPORT CONCOURSE H 5TH FLOOR RM H50252

MIAMI, Florida 33122  
(City) (Zip code)

**9. 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.*

X   
(Registered agent's signature)

10. 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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TALLAHASSEE, FLORIDA  
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

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

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

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

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

Director: DANIELE LANDINI DIRECTOR FINANCE & CONTROL NORTH AMERICA

Address: 24 - W - 40TH STREET 4TH FLOOR

NEW YORK N.Y. 10018

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

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

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SECRETARY OF STATE  
MAIL ROOM

B. OFFICERS

President: \_\_\_\_\_

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

Vice President: MARIA SACCONI VICE PRESIDENT REGIONAL MANAGER NORTH AMERICA & MEXICO

Address: 24 - W - 40TH STREET 4TH FLOOR

NEW YORK N.Y. 10018

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12. X Daniele Landini [Signature]

Director of Administration NAM  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. X Daniele Landini [Signature]

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

State of New York  
Department of State } ss:

I hereby certify, that ALITALIA - SOCIETA' AEREA ITALIANA S.P.A. a ITALY corporation, filed an Application for Authority to do business in the State of New York on 05/05/2015. I further certify that so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.



16 APR 12 PM 4:05  
SECRETARY OF STATE  
HALL ASSISTANT

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of March two  
thousand and sixteen.

*Anthony Giardina*

Executive Deputy Secretary of State