

File 000 002196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

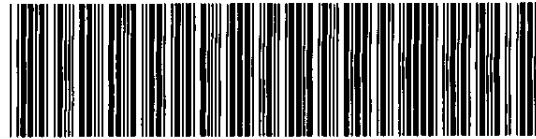
(Business Entity Name)

(Document Number)

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

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FILED  
16 MAY 12 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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16 MAY 13 AM 9:50

MAY 13 2016

J SHIVERS



**Fox Rothschild** LLP  
ATTORNEYS AT LAW

One Biscayne Tower  
2 South Biscayne Boulevard, Suite 2750  
Miami, FL 33131  
Tel: 305.442.6540 Fax: 305.442.6541  
www.foxrothschild.com

**Vanessa Lagana**  
**Corporate Paralegal**  
E-mail: [vlagana@foxrothschild.com](mailto:vlagana@foxrothschild.com)  
Direct Line: (305) 442-6544  
Fax (305) 442-6541

May 6, 2016

**Via Federal Express**

Ms. Teresa Brown  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Ms. Brown:

**Ref.: AP MONTAGGI USA, INC., a New York corporation**

Enclosed please find the following documents in connection with the qualification of the above referenced entity in Florida:

- Application by foreign corporation for authorization to transact business in Florida;
- Original Certificate of Good Standing issued by the Department of State of the State of New York ; and
- Our check #493224 for \$78.75 to settle the state fees and certified copy of the corporate filing. Please note that we included a prepaid envelope for returning the certified copy of the document.

Should you need any additional information, please contact us.

Sincerely,

Vanessa Lagana  
Corporate Paralegal

Enclosures

A Pennsylvania Limited Liability Partnership

California Colorado Connecticut Delaware District of Columbia  
Florida Nevada New Jersey New York Pennsylvania Texas

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AP MONTAGGI 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:

VANESSA LAGANA

\_\_\_\_\_  
Name of Person

FOX ROTHSCHILD LLP

\_\_\_\_\_  
Firm/Company

2 S. BISCAYNE BLVD., SUITE 2750

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

\_\_\_\_\_  
City/State and Zip code

VLAGANA@FOXROTHSCHILD.COM

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

For further information concerning this matter, please call:

VANESSA LAGANA

305

442-6544

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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.*

AP MONTAGGI USA, INC.

1. \_\_\_\_\_  
(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 3. 37-1758742  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 07, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

05/02/2016

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

7. 112 MADISON AVE., 6TH FLOOR, NEW YORK, NEW YORK, 10016  
(Principal office address)

1030 SALEM ROAD, UNION, NJ 07083

(Current mailing address, if different)

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

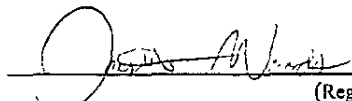
Name: INCORPORATING SERVICES, LTD.

Office Address: 1540 GLENWAY DR.

TALLAHASSEE, Florida 32301  
(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.*

 Justin Woods, Asst Secretary  
(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.

16 MAY 12 AM 11:31  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: PASQUALE APOLLONIO

Address: Via Circonvallazione 26, Aradeo, Italy 73040

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: PASQUALE APOLLONIO

Address: Via Circonvallazione 26, Aradeo, Italy 73040

Vice President:

Address:

Secretary: PASQUALE APOLLONIO

Address: Via Circonvallazione 26, Aradeo, Italy 73040

Treasurer:

Address:

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

12. \_\_\_\_\_

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. PASQUALE APOLLONIO

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

10 MAY 12 AM 11:31  
DEPARTMENT OF STATE  
HALL  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-10-2012 BY 60322  
UCBAW

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

*I hereby certify, that the Certificate of Incorporation of AP MONTAGGI USA, INC. was filed on 05/07/2014, 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.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 04th day of May  
two thousand and sixteen.*

Anthony Giardina  
Executive Deputy Secretary of State