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Office Use Only



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JUN 2 1 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 185649 7357072

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE: June 20, 2016

ORDER TIME : 1:20 PM

ORDER NO. : 185649-005

CUSTOMER NO: 7357072

#### FOREIGN FILINGS

NAME: SCAVOLINI USA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
	SCAVOLINI USA INC	•		
SUBJ	IECT:			
	IN	ame of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good Sta	inding" and check are su	
Please	return all correspondence con	cerning this matte	er to the following:	
Claudi	a Komaromi			
	<del></del>	Name o	Person	
Scavo	lini USA Inc.			
		Firm/Co	npany	7.44.44.4
429 W	est Broadway			
		Add	ress	
New Y	'ork, NY 10012			
		City/State	and Zip code	
Claudi	a.Pina@scavoliniusa.com			
	E-mail ad	dress: (to be used	for future annual report	notification)
For fu	rther information concerning the	his matter, please	call:	
Claudi	a Komaromi	212 at (	334-6776	
	Name of Person	Arca Co	de Daytime Telep	phone Number
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 7
Enclos	sed is a check for the following	g amount:		
<b>□</b> \$70		Filing Fee & I cate 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.

	able in Florida, enter alternate corporate name ac		business in Florida)
New York	3,	26-1375153	
November 6 20	y under the law of which it is incorporated)	(FEI number, if appli	
(Date	5. of incorporation)	(Date of duration, if other th	an perpetual)
May 1, 2016			
	(Date first transacted business in to (SEE SECTIONS 607.1501 & 607.150) (See Section 10012)		)
	(Principa	l office address)	
		,	
	(Current mailine	address, if different)	
	(Current maning	address, if different)	<u>ے</u> اور در
	·		JUH 2
Name and stre	et address of Florida registered agent: (P.O.		JUN 20 ARTANT ARASSEE
Name and stree	·		
Name:	et address of Florida registered agent: (P.O.		AH &
Name:	et address of Florida registered agent: (P.O. Corporation Service Company  1201 Hays Street  Tallahassee	Box NOT acceptable)  32301	
Name:	et address of Florida registered agent: (P.O. Corporation Service Company  1201 Hays Street  Tallahassee	Box NOT acceptable)	AH &
Name:  ffice Address:  Registered agaving been nanesignated in this rther agree to designate to	et address of Florida registered agent: (P.O. Corporation Service Company  1201 Hays Street  Tallahassee	Box NOT acceptable) , Florida 32301, Cip code)  e of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation at the place to act in this capacity
Name:  ffice Address:  Registered agaving been nanesignated in this orther agree to designate to	Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes re	Box NOT acceptable)  Florida 32301 (Zip code)  e of process for the above stated ent as registered agent and agree lative to the proper and complete my position as registered agent.	corporation at the place to act in this capacity

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Francesco Farina Director: 429 West Broadway, New York, NY 10012 Address: Gian Marco Scavolini 429 West Broadway, New York, NY 10012 Address: B. OFFICERS Francesco Farina CEO: Address: Vice President: Julie Nives Sccretary: 429 West Broadway, New York, NY 10012 Treasurer: Address: 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 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. Francesco Farina, CEO

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

I hereby certify, that the Certificate of Incorporation of SCAVOLINI USA INC. was filed on 11/06/2007, 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 17th day of June two thousand and sixteen.

Anthony Giardina

Dutiny Sicidina

**Executive Deputy Secretary of State** 

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