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NAME:

762 MADISON, INC

TYPE OF FILING: APPLICATION

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70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

TO:	Registration Section Division of Corpo							
OT ITS	762 Madisor							
SUBJ	ECT:	Name o	f corporatio	n - mu	st include suffix			
Dear S	Sir or Madam:		•					
"Certi	nclosed "Application ficate of Existence," referenced foreign o	or "Certificate	of Good Sta	nding'	and check are su			
Please	return all correspon	dence concerni	ng this matte	er to th	e following:			
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		PN.	Firm/Cor	npany	·····			三〇
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			gesposito(	@aem-l	aw.com			
		E-mail address:	(to be used	for fut	ure annual report	notifi	cation)	
For fu	ther information co	ncerning this ma	atter, please	call:				
Gianlu	igi Esposito	9	212 at (	39	1-6602			
-	Name of Person		Area Coo	ie	Daytime Tele	phone	Number	
Enclos	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 33	on rations enter Circle 2301			MAILING A Registration of C Division of C P.O. Box 632 Tallahassee, 1	Sectio Corpor 27	n ations	
<b>57</b> 0	0.00 Filing Fee	\$78.75 Filing Certificate of			75 Filing Fee & ified Copy		\$87.50 Filing Fee, Certificate of Status & Certified Copy	Ł

## 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unavails	ble in Florida, enter alternate comparate name	adopted for the purpose of transacting business in Florida)
New York	tote in Florida, enter anernate corporate name	adopted for the purpose of transacting business in Florida)
		(PP)
	y under the law of which it is incorporated)	(FEI number, if applicable)
January 21, 201	5	Pcrpetual .
	of incorporation)	(Date of duration, if other than perpetual)
Upon Qualificat	ion	
		in Florida, if prior to registration) (502, F.S., to determine penalty liability)
c/o AEM Camelu	tti, 551 Madison Avenue, Suite 450, New Yo	• • • • • • • • • • • • • • • • • • • •
<del></del>	(Princ	ipal office address)
	(Trine	المارية (المارية المارية
	(Current mail	ing address, if different)
	(Current man	ing address; it different)
Name and stace	et address of Florida registered agents (D	O Boy NOT acceptable)
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name and stree	et address of Florida registered agent: (P PLATINUM AGENT SERVICES	
Name:	PLATINUM AGENT SERVICES	O. Box NOT acceptable)
	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR	O. Box NOT acceptable)
Name:	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR  TALLAHASSEE	, Florida 32301
Name:	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR	
Name:	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR  TALLAHASSEE  (City)	, Florida 32301
Name:  ffice Address:  Registered age faving been nam	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR  TALLAHASSEE  (City)  ent's acceptance: ed as registered agent and to accept ser	, Florida 32301 (Zip code) vice of process for the above stated corporation at the pl
Name:  ffice Address:  Registered age aving been namesignated in this	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR  TALLAHASSEE (City)  ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	, Florida 32301 (Zip code)  vice of process for the above stated corporation at the planet as registered agent and agree to act in this capaci
Name:  ffice Address:  Registered age aving been namesignated in this arther agree to contact the contact that agree to contact the contact that the	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR  TALLAHASSEE (City)  ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appointments of all statutes	, Florida 32301 (Zip code)  vice of process for the above stated corporation at the planet as registered agent and agree to act in this capacity relative to the proper and complete performance of my
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Name:  ffice Address:  Registered age aving been namesignated in this arther agree to contact the contact that agree to contact the contact that the	PLATINUM AGENT SERVICES  155 OFFICE PLAZA DR  TALLAHASSEE  (City)  ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes familiar with and accept the obligations	, Florida 32301 (Zip code)  vice of process for the above stated corporation at the planet as registered agent and agree to act in this capacity relative to the proper and complete performance of my

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:

	ECTORS Giuseppe Santoni
	c/o AEM Carnelutti, 551 Madison Avenue, Suite 450, New York, NY 10022
Address:	
Vice Chai	rman:
Address:	
Director:	Gianluigi Esposito
	c/o AEM Carnelutti, 551 Madison Avenue, Suite 450, New York, NY 10022
Director:	Massimo Paternoster
Address:	c/o AEM Carnelutti, 551 Madison Avenue, Suite 450, New York, NY 10022
B. OFF	Giuseppe Santoni
	c/o AEM Carnelutti, 551 Madison Avenue, Suite 450, New York, NY 10022
Vice Presi	ident:
Secretary:	Gianluigi Esposito
Address:	c/o AEM Carnelutti, 551 Madison Avenue, Suite 450, New York, NY 10022
Treasurer:	
Address:	
12	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein nd that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13. Gian	luigi Esposito, Secretary
	(Typed or printed name and capacity of person signing application)

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

I hereby certify, that the Certificate of Incorporation of 762 MADISON, INC. was filed on 01/21/2014, 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. I further certify the following:

A Biennial Statement was filed 02/26/2016.

I further certify that no other documents have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of June two thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State



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