From: 80000

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Ercm:

Account Name : COGENCY GLOBAL, INC.

Account Number : 120000000088

Fax Number : (800) 944-6607

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION EMILIA FOODS NORTH AMERICA INC.

Certificate of Status	0
Certified Copy 40	0
Page Count	03
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V SALY MAY 24 2018

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.			ODS NORTH				_
•	(Enter name of co	rporation; must include "INCO rp," "Inc," "Co," or "Corp.")	RPORATED," "	COMPANY	," "CORPORATION,	••	
	(If name unavailal	ble in Florida, enter alternate co	rporate name udo	opted for the	purpose of transacting	business in Florida)	,
2.		Delaware under the law of which it is inc	3.				
	(State or country	under the law of which it is inc	anporated)		(FEI number, if appl	licable)	
A		March 28, 2018	5.				
	(Date o	March 28, 2018 of incorporation)		(Date	of duration, if other th	ian perpetual)	
6.							
۷.		(Date first transactions 607.1				7 34 6	
7.	3250 NE 1st Avenue, Suite 305, Miami, Florida 33137					<u> </u>	
			(Principal	office addres	8)		FI.
-		(1	Current mailing a	ddress, if dit	fferent)		m ~
							テロ
8.	Name and street	address of Florida registered	l agent: (P.O. F	Box ∫Ω T α	ccaptable)	22	တ
	Name:	COGENCY GLOS	BAL INC. 199	<u>्र</u>	iri	54	8: 25
Off	fice Address:	115 North Calhoun St	reet, Suite 4	<u> ॥</u> — क्		· -	
		Tallahesse	<u>e</u>	, F!orida	32301		
		(City)			(Zip code)		
Ha des Tur	ving been name ignated in this a ther agree to co	nt's acceptance: d as registered agent and to application, I hereby accept mply with the provisions of millar with and accept the o	the appointmen all statutes rela bligations of m	it as rnylste tive i: the p y position i	red agent and agree proper and complete as registered agent.	to act in this capus performance of m	city. I
			(Registered ager	it'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.

11. Names an	I business addresses of officers and/or directors:
A. DIRECTO	ors the second s
Chairman:	
	- 1000 年
	कि कि
Director:	Ivano Manfedi
Address:	Via Emilla Est 903
	41122 Modena, Italy
Director:	
Address:	
B. OFFICER	
President:	Ivano Manfredi
Address:	Via Emilia Est 903
	41122 Modena, Italy
Vice President:	
Address:	
<u></u>	
Secretary:	Ivano Mandredi
Address:	Via Emilia Est 903
	41122 Modena, Italy
Address:	State of the state
NOTE: If nece	sary, you may attach an addendum to the application listing additional officers and/or directors.
12	- Mug // M.L.
ire true and that	Signature of Director or Officer rector signing this document (and who is listed in number 11 above) affirms that the facts stated herein he or she is aware that false information submitted in a document to the Department of State constitutes only as provided for in s.817.155, F.S.
13	Ivano Mandredi, President
	(Thread or printed page and canacing of percula cipping application)

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EMILIA FOODS::NORTH AMERICA INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMILIA FOODS NORTH AMERICA INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE CONNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

TIE HAY 23 AM 8: 20

6819212 8300

5R# 20184220559

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202753084

Date: 05-23-18