

F18000004161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

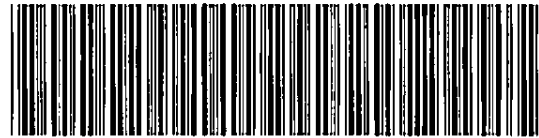
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/11/18--01004--003 **650.00

08/02/18--01002--024 **07.50

FILED
2018 SEP 10 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

9/10/18

COVER LETTER

TO: Registration Section
Division of Corporations
CODAMATION USA INC

SUBJECT: _____
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:
FEDERICO G. NANO

Name of Person
CODAMATION USA INC

Firm/Company
5960 SW 57TH AVE

Address
MIAMI, FL 33143

City/State and Zip code
FNANO@CODAMATION.COM

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

For further information concerning this matter, please call:

FEDERICO NANO

305

503-7876

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



DECEMBER

2018 SEP 10 AM 11:27

FLORIDA DEPARTMENT OF STATE
Division of Corporations INFO FLORIDA SERVICES

August 8, 2018

FEDERICO G NANO
5960 SW 57TH AVE
MIAMI, FL 33143

SUBJECT: CODAMATION USA INC
Ref. Number: W18000071968

We have received your document for CODAMATION USA INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return 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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 618A00016329

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. CODAMATION USA INC
(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. DELAWARE 3. 35-2571965
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/22/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/01/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5960 SW 57TH AVE MIAMI, FL 33143
(Principal office address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(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.



Registered Agents Inc.
Bill Havre - Assistant 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.

FILED
2018 SEP 10 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and or directors

A. DIRECTORS

Chairman _____

Address _____

Vice Chairman _____

Address _____

Director _____
FEDERICO G. NANO

Address _____
5960 SW 57TH AVE

Address _____
MIAMI, FL 33143

Director _____
SILVIO PESTRIN FARINA

Address _____
5960 SW 57TH AVE

Address _____
MIAMI, FL 33143

B. OFFICERS

President _____
FEDERICO G. NANO

Address _____
5960 SW 57TH AVE

Address _____
MIAMI, FL 33143

Vice President _____

Address _____

Secretary _____

Address _____

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.

FEDERICO G. NANO

13 _____

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

2018 SEP 10 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CODAMATION USA 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 FIFTEENTH DAY OF JUNE, A.D. 2016.



6130720 8300

SR# 20185193708

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Jeffrey W. Bullock Secretary of State

Authentication: 202898077

Date: 06-15-18