

F18000004649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

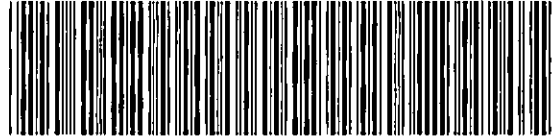
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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RECEIVED  
DEPARTMENT OF STATE  
18 OCT -8 10:10 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

UCS  
10-15-18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 427123 7357072

AUTHORIZATION : 

COST LIMIT : \$ 70.00

-----  
ORDER DATE : October 5, 2018

ORDER TIME : 12:21 PM

ORDER NO. : 427123-005

CUSTOMER NO: 7357072  
-----

FOREIGN FILINGS

NAME: PRESTIGE ITALIA USA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

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.

PRESTIGE ITALIA USA, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

NEW JERSEY

22-3330406

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

9/6/1994

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833  
(Principal office address)

-----  
(Current mailing address, if different)

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

CORPORATION SERVICE COMPANY

Name:

1201 HAYS STREET

Office Address:

TALLAHASSEE

32301

\_\_\_\_\_, Florida \_\_\_\_\_  
(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 agent's signature)

Roxanne Turner  
Asst. Vice President

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 OCT -8 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: SANDRA STOCCHETTI

Address: The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: SANDRA STOCCHETTI

Address: The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833

Vice President: SELVINO ZARANTONELLO

Address: The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833

Secretary: SANDRA STOCCHETTI

Address: The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833

Treasurer: SELVINO ZARANTONELLO

Address: The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833

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. SANDRA STOCCHETTI, PRESIDENT

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

FILED  
2018 OCT -8 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE FL

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

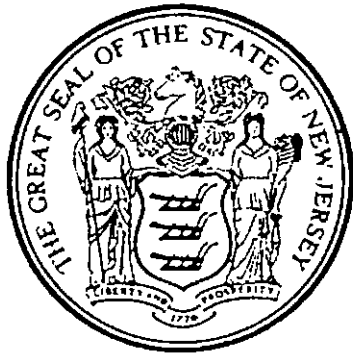
**PRESTIGE ITALIA USA, INC.**  
0100599500

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 06, 1994.*

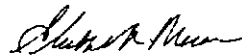
*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

MASSIMO BERTOLA  
2200 STATE HWY 31, SUITE 12  
LEBANON, NJ 08833



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of October, 2018*



Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6091822204

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

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Address: The 2200 Building, Suite 12, 1220 Highway 31, Lebanon, NJ 08833

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

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TALLAHASSEE, FL

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DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

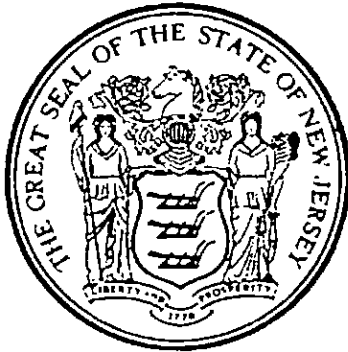
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LEBANON, NJ 08833



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of October, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6091822204

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)