Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : T20080000057 Phone : (945) 425-0077

Fax Number

: (845)818-3588

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

FOREIGN PROFIT/NONPROFIT CORPORATION DOMPE U.S. INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu



11/15/2018

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COVER LETTER

TO:	Registration Section Division of Corporations				
CTID I	DOMPE U.S. INC.				
3000		ne of corporat	ion - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	nctosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation t	ate of Good S	tanding"	and check are sub	
Please	return all correspondence conce	rning this ma	tter to the	e following:	
		Name	of Persor	· · · · · · · · · · · · · · · · · · ·	
Vcorp	Services LLC				
		Firm/C	ompany		
25 Rol	bert Pitt Drive, Suite 204				
		Ac	ldress		
Monso	ey, NY 10952				
		City/Stat	e and Zip	code	
val e nt:	ina.marchionni@dompe.com	- , , , , 			
	E-mail addr	ess: (to be use	ed for fut	ure annual report i	iotification)
For fu	rther information concerning this	s matter, pleas	se call:		
Limar	y Hewes	845 at (42	5-0077	
	Name of Person	Area C	ode	Daytime Telep	hone Number
Englo	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 sed is a check for the following a			MAILING A Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7
	0.00 Filing Fee			75 Filing Fee & iffied 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. DOMPE U.S. 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) (FE! number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) One Marina Park Drive, Suite 1410, Boston, MA 02210 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Services, LLC Name: 5011 South State Road 7, Suite 106 Office Address: Davie 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. Mr. Mila

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.

(Registered agent's signature)

To: Florida Department of State Page 5 of 6 2018-11-15 15 06 01 (GMT)

A. DIRECTORS			
Eriona Gjinukaj			
via S. Lucia 6. Milano. 20122 IT			
Address:			
Vice Chairman:			
			
Address:	~		
Disastra			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS Eriona Gjinukaj			
President:via S. Lucia 6, Milano, 20122 IT			
Address:	,		· ····
	وي المناهبة		
Vice President:		NOV	*****
Address:	\$7.50 \$7.50	<u> </u>	
Ashley Kline	3		
Secretary:	<u> </u>	:5	
Address: Giuseppe Andreano		47	
Treasurer: Via S. Lucia 6, Milano , 20122 IT			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or direct	ors.	
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms to are true and that he or she is aware that false information submitted in a document to the Deparation at the degree felony as provided for in s.817.155, F.S.	nat the facts sta ertment of State	ited he consti	rein itutes
Ashley Kline, Secretary			
· - · <u> </u>			

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



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DOMPE U.S. 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 NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOMPE U.S. INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2013.

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

18 NOV 16 PH 12: 47

Authentication: 203905573

Date: 11-15-18

5357521 8300 SR# 20187653659

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