

F19000004582

(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:

Office Use Only



400335595804

THASSEE, FLORIDA

OCT 11 PM 4:44

19 OCT 11 PM 3:17

Y SCOTT

OCT 11 2019



Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/11/2019

PRIORITY Routine

OUR REF # (Order ID#) 774136

ORDER ENTITY
CUSTOM AMERICA, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CUSTOM AMERICA, INC. (FL)

File the attached foreign qualification document and provide a certified copy as evidence.

NOTES:

\$78.75 Authorized
Email address for annual report reminder: Kathleen@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

Custom America, Inc.

1. _____
(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)

New Jersey

45-4119115

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

12/21/2011

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

upon filing of this application

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

12 Creek Parkway, Suite 100, Boothwyn, PA 19061

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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)

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:

A. DIRECTORS

Chairman: Nicola Ciarlante ✓

Address: 12 Creek Parkway, Suite 100, Boothwyn, PA 19061

Vice Chairman: Carlo Stradi ✓

Address: 12 Creek Parkway, Suite 100, Boothwyn, PA 19061

Director: Alberto Campanini ✓

Address: 12 Creek Parkway, Suite 100, Boothwyn, PA 19061

Director: _____

Address: _____

B. OFFICERS

President: Carlo Stradi ✓

Address: 12 Creek Parkway, Suite 100, Boothwyn, PA 19061

Vice President: _____

Address: _____

Secretary: Hari K. Samaroo

Address: 350 Fifth Avenue, 41st Floor, NY, NY 10118

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.

13. Hari K. Samaroo, Secretary

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

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

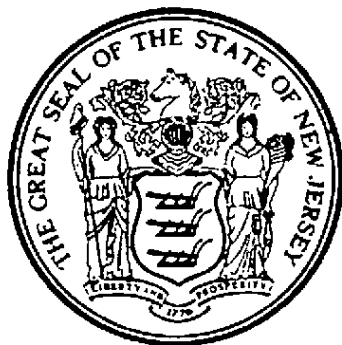
CUSTOM AMERICA, INC.
0101019392

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 December 21, 2011.

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:

NICOLA CIARLANTE
300 MORADIAN CHURCH RD
WOOLWICH, NJ 08085



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of September, 2019

Elizabeth Maher Muoio
State Treasurer

TALLAHASSEE, FLORIDA

2019 OCT 11 PM 4:44