



**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incerv.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.

TALLAHASSEE FLORIDA  
2019 OCT 11 PM 4:44

**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. Custom America, 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. New Jersey 3. 45-4119115  
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/21/2011 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)

7. 12 Creek Parkway, Suite 100, Boothwyn, PA 19061  
 (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.

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 TALLAHASSEE, FLORIDA

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

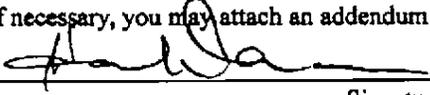
Vice President:  
Address:

Secretary: Hari K. Samaroo  
Address: 350 Fifth Avenue, 41st Floor, NY, NY 10118

Treasurer:  
Address:

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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**

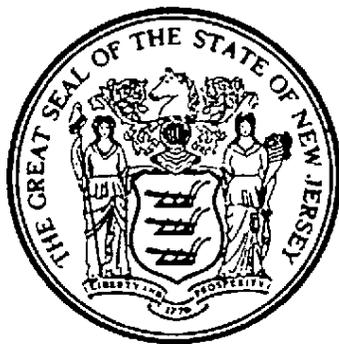
**CUSTOM AMERICA, INC.  
0101019392**

*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

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