

Division of Corporations

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**FR00005741**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
VEGA AMERICAS, INC.**

**\*\*\*PLEASE FILE SECOND,  
AFTER THE DISSOLUTION  
OF VEGA AMERICAS, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$78.75 |

**\*\*\*PLEASE PROVIDE  
ORIGINAL SUBMISSION  
DATE OF 11/8/19\*\*\***

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VEGA Americas, Inc.

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:

\_\_\_\_\_  
Name of Person

Capitol Services – Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip code

gsutton@fbtlaw.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at ( 855 ) 498 - 5500  
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

20191113 11:21:08

**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. VEGA Americas, 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. Ohio**

(State or country under the law of which it is incorporated)

**3.**

(FBI number, if applicable)

**4. 12/13/1950**

(Date of incorporation)

**5.**

(Date of duration, if other than perpetual)

**6. 08/29/2019**

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

**7. 4241 Allendorf Drive, Cincinnati, OH 45209**

(Principal office address)

(Current mailing address, if different)

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

Name: Sixto Medina

Office Address: 33939 Venice Lane

Sorrento

(City)

, Florida 32776

(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.

2019 NOV 13 PM 2:00

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

**A. DIRECTORS**Director: Isabel GrieshaberAddress: 4241 Allendorf Drive, Cincinnati, OH 45209Director: Guenter KechAddress: 4241 Allendorf Drive, Cincinnati, OH 45209Director: Andrew CorsiniAddress: 4241 Allendorf Drive, Cincinnati, OH 45209Director: Markus KnieselAddress: 4241 Allendorf Drive, Cincinnati, OH 45209**B. OFFICERS**Co-CEO: John KronenbergerAddress: 4241 Allendorf Drive, Cincinnati, OH 45209Co-CEO: John GroomAddress: 4241 Allendorf Drive, Cincinnati, OH 45209Secretary: Kal BitterAddress: 3300 Great American Tower, 301 East Fourth Street, Cincinnati, OH 45202

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. Kal Bitter, Secretary

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

2019 11 13 PM 2:08

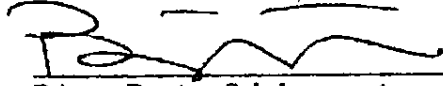
**AFFIDAVIT PERMITTING USE OF NAME**

STATE OF OHIO                    )  
  ) ss.  
COUNTY OF HAMILTON        )

The undersigned, being duly sworn according to the law, deposes and states:

1. The undersigned is the Sole Incorporator of VEGA Americas, Inc., a Florida corporation and is authorized to execute this affidavit.
2. The undersigned mistakenly filed Articles of Incorporation for VEGA Americas, Inc. with the Florida Department of State on August 29, 2019.
3. The undersigned is in the process of filing Articles of Dissolution for VEGA Americas, Inc., a Florida corporation, with the Florida Department of State.
4. Based on the foregoing, the undersigned hereby gives consent to VEGA Americas, Inc., an Ohio corporation, to use the name VEGA Americas, Inc. in Florida.

VEGA Americas, Inc.,  
a Florida corporation

By:   
Brittany Drayton, Sole Incorporator

Subscribed and sworn to before me by Brittany Drayton, Sole Incorporator of VEGA Americas, Inc., a Florida corporation, this 31<sup>st</sup> day of October 2019.

0129201.0617291 4813-1638-4255v1



JOHN ERIC  
KRONENBERGER  
NOTARY PUBLIC  
FOR THE  
STATE OF OHIO  
My Commission Expires  
December 18, 2019

2019 OCT 13 PM 2:08

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VEGA AMERICAS, INC., an Ohio corporation, Charter No. 220972, having its principal location in Cincinnati, County of Hamilton, was incorporated on December 13, 1950 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 23rd day of October, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201929602950

2019 OCT 13 11:22:08