

F21000001984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

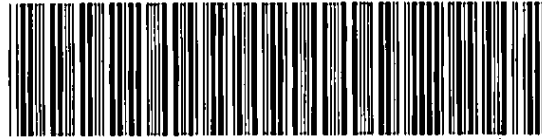
(Business Entity Name)

(Document Number)

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

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APPROVAL  
AND  
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2021 APR 12 AM 8:40

RECEIVED

SECRETARY OF STATE  
TAL

2021 APR 12 AM 1:18

APR 12 2021

Brumbley

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/12/2021

**\*\*WALK IN\*\***

ENTITY NAME LAGO USA, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70.00

ACCOUNT #: I2016000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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.

LAGO USA, INC.

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

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

3. (State or country under the law of which it is incorporated) JANUARY 3, 2017 (FEI number, if applicable)

4. (Date of incorporation) UPON FILING 5. (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) 111 Town Square Pl Ste 309, Jersey City, NJ, 07310-2766

7. (Principal office street address) Same (Current mailing address, if different)

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

Name: PLATINUM AGENT SERVICES LLC 155 OFFICE PLAZA DR

Office Address: TALAHASSEE Florida 32301 (City) (Zip code)

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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.

/s/ Steven Friedman (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Francesco De Marco

- Chairman Name: \_\_\_\_\_  
111 Town Square Pl Ste 309
- Vice Chairman Address: \_\_\_\_\_  
Jersey City, NJ, 07310-2766
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

Pierre Josselin

- Chairman Name: \_\_\_\_\_  
111 Town Square Pl Ste 309
- Vice Chairman Address: \_\_\_\_\_  
Jersey City, NJ, 07310-2766
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

Gianluigi Esposito

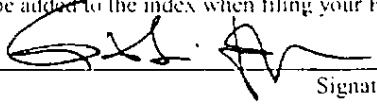
- Chairman Name: \_\_\_\_\_  
c/o AEM Carnelutti
- Vice Chairman Address: \_\_\_\_\_  
551 Madison Avenue, Suite 450
- Director \_\_\_\_\_  
New York, NY 10022
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_
- Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Gianluigi Esposito, Secretary

13. \_\_\_\_\_  
(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**

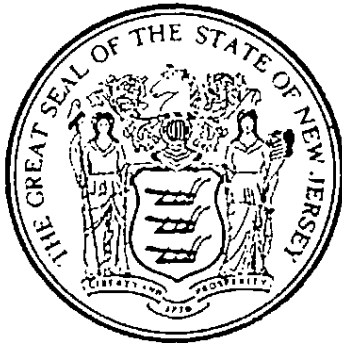
**LAGO USA INC.  
0101043433**

*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 January 03, 2017.*

*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:*

**FRANCESCO DE MARCO  
111 TOWN SQUARE PLACE, SUITE 309  
JERSEY CITY, NJ 07310**



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of April, 2021.*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number 6117772900*

*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)*