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	Division of Co	porations		~	
	Fax Number	: (850)617-6383		2021	
From:				JUL	
	Account Name	: C T CORPORATION SYSTEM		1 I	
	Account Number	: FCA000000023		22	0.21
	Phone	: (614)280-3338			*-4
	Fax Number	: (954)208-0845		PH	
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**Enter	the email addres	s for this business entity to be used for f	uture	 ພ	
anr	nual report maili	ngs. Enter only one email address please.*	•	0	
Ema	il Address.				

FOREIGN PROFIT/NONPROFIT CORPORATION Italian Jewelry of America, Inc. Certificate of Status Certificate of Status Certified Copy Page Count Estimated Charge S78.75

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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.

ITALIAN JEWELRY OF AMERICA, INC. 1

	ble in Florida, enter alternate corporate name ado			florida
EW YORK		3588458	<u>.</u>	
EW YORK 3. 13-3588458 State or country under the law of which it is incorporated) (FEI number, if applie		ble)		
8/17/1992	_ 5			
(Date of incorporation) (Date of duration, it		(Date of duration, if other than	perpetual)
8/1/2021				
75 NE 191 ST	(SEE SECTIONS 607.1501 & 607.1502. STE 706 AVENTURA FL 33180 (Principal office s			121 JUL 22
	(Currencing a	duless, in differency	· ·	Т.
Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) CT CORPORATION System		7	5: 3 0	
ļ				
Name:				•
	1200 SOUTH PINE ISLAND RD			
Name: 				

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/ Kathryn A. Widdoes, Assistant Secretary

(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				
Chairman:				
Address:				
Vice Chalman:			<u> </u>	
Address:				
Director:				
Address:				
Director:		,	202	
Address:			<u>~</u>	
		<u> </u>	_ <u>_</u>	
B. OFFICERS		. ¹	22	• •
President: <u>ELIZYBERT</u>			PH	
President: Z875 A/E 191 SJ	te 706	•	ېن	· •• ·
Address	180	· :	30	
/ [0] 11/21/2				
Vice President:				
Address:		_		
				
Secretary:				
Address:				
Treasurer:				
Address:			directors	
NOTE: If necessary, you may attach an addered m to the upp	lication listing additional office	rs ano/or i	incours.	
12 (x)	officer	<u> </u>		<u>-</u>
are true and that he or she is aware that false information such	nitted in a document to the Depa	irtment of	State cor	istitu
a third degree felony as provided for in 5.817.155, e.s.	President/CFO			
13. <u>EL, L-BEILI</u>	1 restactily (SEC)			

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