

1/27/22, 9:29 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F2200000571

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.

((H22000035193 3)))



H220000351933ABCZ

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 : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (786)437-4609

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

Email Address: aesanchez@fowler-white.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 27 PM 3:04

FILED

**FOREIGN PROFIT/NONPROFIT CORPORATION
KEO WORLD, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 JAN 27 AM 10:41

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Audit No. H22000035193 3

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. KEO WORLD, 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. DELAWARE

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

3.

(FEI number, if applicable)

4. 01/10/2022

(Date of incorporation)

5.

PERPETUAL

(Date of duration, if other than perpetual)

6. UPON FILING OF THIS APPLICATION

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

7. 3401 NORTH MIAMI AVENUE #202, MIAMI, FL 33127

(Principal office street address)

3401 NORTH MIAMI AVENUE #202, MIAMI, FL 33127

(Current mailing address, if different)

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

Name: PAOLO FIDANZA

Office Address: 3401 NORTH MIAMI AVENUE #202

MIAMI

(City)

, Florida 33127

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

Audit No. H22000035193 3

2022 JAN 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Audit No. H22000035193 3

A. DIRECTORS

☐ Chairman Name: PAOLO FIDANZA
☐ Vice Chairman Address: 3401 N. MIAMI AVE. #202
☒ Director MIAMI, FL 33127
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

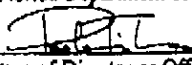
☐ Chairman Name: ALESSANDRO CIACCHINI
☐ Vice Chairman Address: 3401 N. MIAMI AVE. #202
☒ Director MIAMI, FL 33127
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: GIOVANNI CALVI
☐ Vice Chairman Address: 3401 N. MIAMI AVE. #202
☒ Director MIAMI, FL 33127
☐ 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.817.135, F.S.

13. PAOLO FIDANZA, DIRECTOR AND PRESIDENT

Audit No. H22000035193 3

Audit No. H22000035193 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KEO WORLD, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEO WORLD, INC."
WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.



6531267 8300

SR# 20220266664

You may verify this certificate online at corp.delaware.gov/authver.shtml

Audit No. H22000035193 3

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202498361

Date: 01-26-22