

2/28/2022

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**F22000001236**

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## To:

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

## From:

Account Name : COGENCY GLOBAL, INC.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (800)944-6607

**\*\*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****Gramercy Palace Corp.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

**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. GRAMERCY PALACE CORP.  
(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 York 3. 30-0584906  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/14/2006 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 119 EAST 17TH STREET, NEW YORK, NY 10003  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(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.*

/S/ Jacqueline Almeida

(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.

2022 MAR -1 PM 5:14  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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JACQUELINE ALMEIDA  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_ Paolo Zampolli

Address: \_\_\_\_\_ 119 EAST 17TH STREET, NEW YORK, NY 10003

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: \_\_\_\_\_ Paolo Zampolli

Address: \_\_\_\_\_ 119 EAST 17TH STREET, NEW YORK, NY 10003

Vice President: \_\_\_\_\_ Paolo Zampolli

Address: \_\_\_\_\_ 119 EAST 17TH STREET, NEW YORK, NY 10003

Secretary: \_\_\_\_\_ Paolo Zampolli

Address: \_\_\_\_\_ 119 EAST 17TH STREET, NEW YORK, NY 10003

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. \_\_\_\_\_ PAOLO ZAMPOLLI, PRESIDENT

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

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	GRAMERCY PALACE CORP.
DOS ID Number:	3412756
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/14/2006
Statement Status:	CURRENT
Statement Due Date:	09/30/2022

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on January 28, 2022 at 02:19 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



By Brendan C. Hughes  
Executive Deputy Secretary of State