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## **COVER LETTER**

	ition Section n of Corporat	ons				
SUBJECT: _	•					
Jobace I		Name of corpo	oration -	must include suffix		
Dear Sir or Mad	am:					
"Certificate of E	Existence," or		od Standi	uthorization to Transac ng" and check are sub in Florida.		
Please return all	corresponde	nce concerning this	matter to	o the following:		
Catherine Kastni	ng					
	<u> </u>	Na	me of Pe	erson		
Funaro & Co., P.	C.					
		Fir	n/Comp	any		
350 Fifth Avenue	e, 41st Floor					4, 4, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
Address New York, NY 10118						
-		City/	State and	l Zip code		————— <b>4</b>
catherine.kastnin						
	la-	mail address: (to be	used to	r future annual report r	iotification)	
For further info	rmation conc	erning this matter, p	lease ca	11:		+
Catherine Kastni	ng	21. at (	2	Daytime Telephone Number		
Name (	of Person	Ar	ea Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	k payable to: I	ollowing amount: FLORIDA DEPART \$78.75 Filing Fee & Certificate of Statu	હ ≡	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

## 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.

(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting busine	ss in Florida)
Delaware	3.	3. EEI number, if applicable)	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	)
February 22, 201	<u>6</u>		
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150.		<del></del>
350 Fifth Avenue	41st Floor, New York, NY 10118		
	(Principal office	street address)	
c/o Funaro & Co.	, P.C., 350 Fifth Avenue, 41st Floor, New York,		
	(Current mailing	address, if different)	
	t address of Florida registered agent: (P.O. Funaro & Co., P.C. Corp.	Box <u>NOT</u> acceptable)	
Name: ffice Address:	1221 Brickell Avenue, Suite 1160	<u> </u>	- 11 11
	Miami (City)	. Florida 33131	
	(City)	(Zip code)	
	nt's acceptance: ed as registered agent and to accept service	e of process for the above stated corpo ent as registered agent and agree to ac lative to the proper and complete perfo	t in this capacity

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.

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Γ.	-
•	•

A. DIRECTORS	Francesca Salotto	<b>5</b> e	Mica	ela Salotto		
Chairman	Nume:c/o Framis Italia SpA Address:	□ Chairman	Name:c/o Framis Italia SpA Address:			
□Vice Chairman	Via Europa, 20	□ Vice Chairman	Address:Via Europa, 20			
Director	20083 Vigano (MI)	Director	20083 Vigano (MI)			
□President	Italy	□President				
□Vice President	The y	□Vice President		<u></u>		
□Secretary CEO	Treasurer	☐ Secretary		Treasurer		
Other		□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	c/o Framis Italia SpA	□Vice Chairman				
Director	Via Europa, 20	Director	, idai(33			
□President	20083 Vigano (MI)	□President		·		
□Vice President	Italy	□Vice President				
Secretary	□Treasurer	□Secretary		□Treasurer	~ 8	2
Other		Other		□Other	. F)	
		<del></del>			, î.,	9
□Chairman	Name;	☐ Chairman	Name:			:ZI  15
□Vice Chairman	Address:	☐ Vice Chairman			- 5	<u></u>
Director		Director	••••			
□President		□President		,		
□Vice President		□Vice President				
☐Secretary	Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		□Other	<del></del>	<b></b>
individuals may be  12.  The officer or dire	Use an attachment to report more than six (6). It added to the index when string your Florida Description of Districtor signing this document (and who is listed in also information submitted in a document to the	rector or Officer number 11 above) affirms t	eport form.	ated herein are true	and that	he or
	alotto, Chief Executive Officer					
	(Typed or printed name and capacity	of person signing application	n)			

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FRAMIS ITALIA USA, 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 SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRAMIS ITALIA USA, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2016.

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



Afficer W. Badlact I, Secretary of State

Authentication: 203845727