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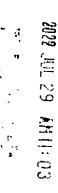
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

	tration Sectio					
SUBJECT:	RENE CAOV	'ILLA U.S. CORP.				
SUBJECT.		Name of c	orporation	- must include suffix	<u> </u>	
Dear Sir or M	adam:					
"Certificate of	f Existence."		Good Stand	Authorization to Transa ling" and check are sub s in Florida.		
Please return	all correspond	lence concerning	this matter	to the following:		
Beatrice Bianc	hi Fasani					
Bianchi Fasani	Lone DA		Name of P	erson		
— Tasan			F:/C a as a			 _
Firm/Company 1000 5th Street, Suite 200						
 			Addres			-
Miami Beach, FL. 33139						
			ity/State an	d Zip code	 -	,
bbianchi@bian			1		**C 4 ' 1	
				or future annual report	nouncation)	٠. د.
For further in	formation con	cerning this matte	er, please ca	ıll:		
Beatrice Bianchi Fasani 305 363-3233						
Name	e of Person	at (Area Code	Daytime Telep	hone Number	_
Regis Divisi Clifto 2661	EET/COURI tration Section ion of Corpor in Building Executive Ce nassee, FL 32	ations nter Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a	check for the	following amount	:			
■ \$70.00 Fil	ing Fee □	\$78.75 Filing Fe Certificate of S		\$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.

1	ILLA U.S. CORP.		
(Enter name of "Inc.," "Co.,"	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavai	ilable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busin	ess in Florida)
Delaware 2.	3	82-1381824	
	try under the law of which it is incorporated)	(FEI number, if applicable	:)
05/01/2017 4.	5.		
(Dat	e of incorporation)	(Date of duration, if other than pe	rpetual)
6			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
1840 Jefferson A	Avenue, Suite 303, Miami Beach, FL, 33139	2, 1.3., to determine penalty nationally	
7	(Principa)	l office address)	- · · · · · · · · · · · · · · · · · · ·
1840 Jefferson	Avenue, Suite 303, Miami Beach, FL, 33139	,	* *
	(Current mailing	address, if different)	n (
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	· ()
Name:	A as Accounting US, Inc.		
Office Address:	1840 Jefferson Avenue, Suite 303		
	MIAMI BEACH	33139 , Florida	•
	(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.

(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. Names and business addresses of officers and/or directors:

A. DIK	Rene' Fernando Caovilla		
Chairman	1840 Jefferson Avenue, Suite 303, Miami Beach, FL, 33139		
Address:	1940 Jeffelsoff Avenue, Suite 505, Whalin Beach, LE, 55159		
V. 01	Antonio Ferraioli		
Vice Chai	1840 Jefferson Avenue, Suite 303, Miami Beach, FL, 33139		-
Address:			
Director:			
Director:			
Address:			
B. OFF	ICERS		
President:	Rene' Fernando Caovilla		
Address:	1840 Jefferson Avenue, Suite 303, Miami Beach, FL, 33139	į g	27.07
	- p-	.,	Ē
Vice Pres	ident:		57
Address:			>- ::
		•	=
Secretary:	¥9.		<u></u>
Address:			
Treasurer	:		
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
12	Crithin Guich		
	Signature of Director or Officer		
are true a	ter or director signing this document (and who is disted in number 11 above) affirms that the facts stated and that he or she is aware that false information submitted in a document to the Department of State contegree felony as provided for in s.817.155, F.S.		
	Antonio Ferraioli, Director		
	(Typed or printed name and capacity of nerson signing application)		



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

DELAWARE, DO HEREBY CERTIFY "RENE CAOVILLA U.S. CORP." 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 THIRTEENTH DAY OF JULY, A.D. 2022.



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SR# 20222978217

Authentication: 203907688

Date: 07-13-22