

9/21/22, 5:13 PM

Division of Corporations

Division of Corporations

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H22000327903 3)))



H220003279033ABC

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****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

Giorgio Gori USA Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 SEP 22 PM 12:32

10

2022 SEP 22 PM 12:32

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T LEXUS
SEP 23 2022

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. Giorgio Gori USA 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. New Jersey 3. 22-3529870
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/11/1997 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 80 River Street, Hoboken, NJ 07030
(Principal office street address)

1210 S Pine island Road, Plantation, FL 33324
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
By: Kaity Toon, Asst Sec
(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 Name: Alexander Braun

☐ Vice Chairman Address: 1210 S Pine island Road

☒ Director Plantation, FL 33324

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other President and Treasurer ☐ Other _____

☐ Chairman Name: Kevin Coles

☐ Vice Chairman Address: 1210 S Pine island Road

☐ Director Plantation, FL 33324

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: James Maher

☐ Vice Chairman Address: 80 River Street

☒ Director Hoboken, NJ 07030

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Director ☐ Other _____

☐ Chairman Name: Carol Marcus-Stanley

☐ Vice Chairman Address: 1210 S Pine island Road

☐ Director Plantation, FL 33324

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Assistant Secretary ☐ Other _____

☐ Chairman Name: Pierfrancesco Paoli

☐ Vice Chairman Address: 80 River Street

☒ Director Hoboken, NJ 07030

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Director ☐ Other _____

☐ Chairman Name: Salvatore Meleleo

☐ Vice Chairman Address: 80 River Street

☐ Director Hoboken, NJ 07030


☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Vice President-Corp ☐ 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.817.155, F.S.

13. C. Marcus-Stanley, Asst. Secretary
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

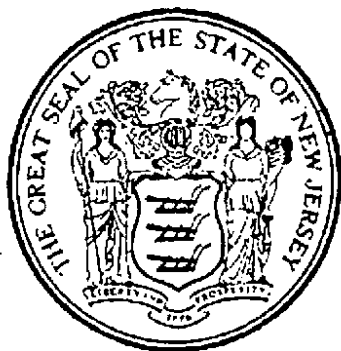
GIORGIO GORI USA INC.
0100712488

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 11, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JAMES G. MAHER
80 RIVER STREET
HOBOKEN, NJ 07030



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
21st day of September, 2022*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6136023232

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp