

S. FRANKLIN  
NOV 21 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAREMOLI USA INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>PHILIP HOLCMAN</u>	
Name of Person	2007
<u>Firm/Company</u>	
<u>7860 NW 46TH ST</u>	13
Address	FL 33166
<u>DORAL, FL 33166</u>	
City/State and Zip code	
<u>P.HOLCMAN@CAPITAL-INGREDIENTS.COM</u>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

<u>PHILIP HOLCMAN</u>	at ( <u>786</u> )	<u>536-4000</u>
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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**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. CAREMOLI 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. IOWA 3. 20-3-48881  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/9/2005 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1915 BRICKELL AVE STE 1402 MIAMI, FL 33129  
(Principal office street address)

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

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

Name: PHILIP HOLCMAN

Office Address: 7860 NW 46TH ST

DORAL, Florida 33179  
(City) (Zip code)

8/11/05 1:18 PM

**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]:

**A. DIRECTORS**

☐ Chairman Name: Andrea Caremoli

☐ Vice Chairman Address: 1915 Buckell Ave 1402

☐ Director Miami, FL 33129

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ 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.817.155, F.S.

13. ANDREA CAREMOLI -PRESIDENT  
(Typed or printed name and capacity of person signing application)

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 7/8/2022

Name: CAREMOLI USA, INC. (490 DP - 308405)

Date of Incorporation: 6/9/2005

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

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Certificate ID: CS252569

To validate certificates visit:

[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State

# CAREMOli

10/21/22

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Subject: Caremoli USA Inc  
Ref Number: W22000122968

Dear Sir/Madam;

I am writing this letter to inform you that we release the name of the business, since have no intention of revoking the Florida resolution of Caremoli USA Inc.

Thank you.



Andrea Caremoli  
President

State of Florida  
County of Miami Dade  
On this 10 day of November  
personally appeared before me by means of  
☒ physical presence or ☐ remote online notarization  
Andrea Caremoli  
to me known to be the person who executed the  
foregoing instrument, and acknowledged that he  
executed the same as his free act and deed.  
SEAL (signed) \_\_\_\_\_

NOTARY PUBLIC



NICOLE ORTIZ  
Notary Public  
State of Florida  
Comm# HH169953  
Expires 8/26/2025

2022 NOV 21 10:11:18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2022

PHILIP HOLCMAN  
7860 NW 46TH ST  
DORAL, FL 33166 US

SUBJECT: CAREMOLI USA INC  
Ref. Number: W22000122968

We have received your document for CAREMOLI USA INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

2ND REQUEST

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 722A00021572

RECEIVED  
SEP 29 2022