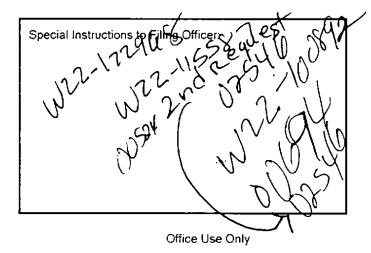
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(Requestor's Name)						
(Ac	idress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL					
(Вс	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					





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S. FRANCLIN NOV 2 1 2022

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT:	CAREMOLI USA INC	3.			
		Name of cor	poration - mu	st include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existe	eation by Foreign Corpora nce," or "Certificate of Go rign corporation to transac	ood Standing"	and check are sub-		
Please	return all corre	espondence concerning thi	s matter to the	e following:		
		PHILIP HOLCMAN				
	,,	٨	ame of Perso.	n	7::2	
	•• ••	Fi	rm/Company			
	7860	NW 46TH ST			ū	
		- 100	Address			
	D	ORAL. FL 33166			B :: F: -	
		City	/State and Zip	code	1.83	
		P.HOLCMAN@CAI				
		E-mail address: (to b	e used for fut	ure annual report n	otification)	
For fu	rther information	on concerning this matter.	please call:			
1	PHILIP HOLCM	IAN at (786	536-4000		
_	Name of Per	son A	rea Code	Daytime Teleph	none 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		
Please		or the following amount: able to: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Stat	& 🗀 \$78.	TATE 75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

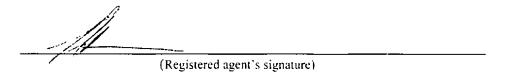
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

IOLI USA INC					
poration; must include "INCORPORATED." o," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"				
e in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)				
	20-3-48881				
inder the law of which it is incorporated)	(FEI number, if applicable)				
005 5					
incorporation)	(Date of duration, if other than perpetual)				
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)					
1915 BRICKELL AVE STE 1402 MIAMI, FL 33129					
(Principal office	e <u>street</u> address)				
(Current mailing	address, if different)				
address of Florida registered agent: (P.O.	Box NOT acceptable)				
PHILIP HOLCMAN	بـــ دی				
7860 NW 46TH ST					
DORAL.	Florida <u>33179</u>				
(City)	Florida <u>33179</u> (Zip code)				
	c in Florida, enter alternate corporate name ad ander the law of which it is incorporated) (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 1915 BRICKELL AVE STE 1402 M (Principal office) (Current mailing address of Florida registered agent: (P.O. PHILIP HOLCMAN) 7860 NW 46TH ST				

9. Registered agent's acceptance:

Secretary of the second

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.



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.

a. DIRECTORS	•			
_Chairman	Name: Andrea Caremoli	II Chairman	Name:	1
□ Vice Chairman	Address: 1915 Bickell Ave 1402	□Vice Chairman		
□Director □	MIRMI, FL 33129	Director		
President		President		
□Vice President		□Vice President		
□ Secretary	□ Treasurer	2 Secretary	<u> </u>	II Treasurer
□Other		_Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other				二Other 完
□Chairman	Name:	⊒Chairman	Name:	- - -
□Vice Chairman	Address:	□Vice Chairman		-D
□Director		□Director		
□President _		□President		Ċ
□Vice President _		□Vice President		
□ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other		□Other		_Other
mportant Notice: Us ndividuals may be a	se an attachment to report more than six (6). The attackded to the index when filing your Florida Department Signature of Director or	it of State Annual Rep	oort form.	
The officer or directe the is aware that fals (817,155, F.S.	or signing this document (and who is listed in number e information submitted in a document to the Departn	U alwa er attirme the	e elem diament term and	The same of the sa
3.	ANDREA CAREMOLI -PRESIDENT			
	(Typed or printed name and capacity of persor	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

- 1, 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.

Certificate ID: CS252569

To validate certificates visit:

sos.iown.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State



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

On this 10 day of Dovembe

personally appeared before me by means of 64 physical presence or [] remote online notarization

to me known to be the person who executed the foregoing instrument, and acknowledged that he

executed the same as his tropict and deed.

JBLIC

NICOLE ORTIZ

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



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):

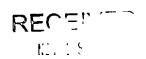
2ND REQUEST

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