# F23000005238

(Re	equestor's Name)
(Ac	idress)
(Ac	idress)
(Cit	ty/State/Zip/Phone #)
(Bu	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



08/29/23--01027--007 \*\*70.00

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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1). Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
   All Profit Corporations must file an Annual Report yearly to maintain "active"
   status. The first report is due in the year <u>following</u> formation. The report must be filed
   electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is
   \$150. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual
   Report Reminder Notices" are sent to the e-mail address you provide us when you submit
   this document for filing. To file any time after January 1<sup>st</sup>, go to our website at
   www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

CR2E007 (1/19)

# **COVER LETTER**

# TO: Registration Section Division of Corporations

# SUBJECT: \_\_\_\_\_\_

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:

Luca CM	Melchionna
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	Nar	ne of Person		
Melchionna PLLC				
	Firm	/Company		
4387 Madison Avenue, 3	4 Floor			
		Address		
New York, NY 10022				
· · · · · · · · · · · · · · · · · · ·	City/S	tate and Zip	code	
info@melchionnalaw.co	n			
	E-mail address; (to be	used for futu	re annual report	notification)
For further information	concerning this matter, pl at $($ <sup>212</sup>		-7776	
Name of Perso		i Code	Daytime Teler	bhone Number
Registration Se Division of Co The Centre of	rporations Tallahassee pe Street, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 7
	the following amount: de to: FLORIDA DEPARTM \$\Box \$\\$ \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	\$87.50 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.

# VINITOR USA CORPORATION 1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

NEW YORK	3.	38-3939720			
(State or count	y under the law of which it is incorporated)	(FEI number, if app	licable)		•
03/26/2014	5.	<u> </u>			_
(Date	5.	(Date of duration, if other th	an perpetual	)	-
09/01/2023					
	<b>`</b>	n Florida, if prior to registration) 502, F.S., to determine penalty liability	y)		-
333 LAS OLAS	WAY, STE 103, FORT LAUDERDALE FL, 3	3301			
<del>,</del>	(Principal offi	ice <u>street</u> address)			-
C/O MELCHIO	NNA PLLC, 437 MADISON AVENUE, 24TH	FL, NEW YORK, NY 10022			
	(Current mailir	ng address, if different)			
Name and stre	et address of Florida registered agent: (P.C	). Box <u>NOT</u> acceptable)	<b>-</b>	2023	
Niaman	Marco Spasciani		·	AUG	
Name:			· · ·	629	•.
Fice Address:	7705 US Open Loop				
	T alormood Parah	 . Florida <sup>34202</sup>		PH	٠
	T alormood Parah	, Florida <u>34202</u> (Zip code)		РН <u>3</u> :	

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.D	IRECT	ORS	

Chairman	Marco Romanelli Name:	Chairman	Name:
□Vice Chairman	333 Las Olas Way, #103 Address:	🗆 Vice Chairman	Address:
Director	Fort Lauderdale, FL 33301	Director	
President		President	
Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	🗆 🗆 Oth <del>a</del>	00ther	🗋 Other
Chairman	Marco Spasciani	Chairman	Name:
Vice Chairman	Address:	Vice Chairman	Address:
Director	Lakewood Ranch, FL 34202	Director	
		President	
Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	[] Other	Other	[]Other
Chairman	Name:	Chairman	Name:
Vice Chairman	Address:	□Vice Chairman	Address:
Director	•	Director	
President		President	
Vice President		□Vice President	
Secretary	Treasurer	Secretary	
Other	Other	Other	Dotter

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.

٠ 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 \$2.817.155, F.S.

13. Marco Spasciani - Director and Vice Chairman

PrintDocuments

REFUND DUE:

New York State Department of State Division of Corporations, State Records and Uniform Commercial Code COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

LUCA MELCHIONNA MELCHIONNA, PLLC. 437 MADISON AVENUE, 24TH FLOOR NEW YORK NY 10022

DATE:	08/17/2023	TRANSACTION NUMBER:	202308180000723
ENTITY INFORMAT	<u>ION:</u>		
ENTITY NAME:	VINI	TOR USA CORPORATION	
DOS 1D:	45513	334	
DATE OF INITIAL D	OS FILING: 03/26	/2014	
REQUESTED SERVIC	CES:	NUMBER REQUESTED:	<u>FEE:</u>
UNCERTIFIED COPY	(\$5.00)		\$0.00
CERTIFIED COPY(\$1)	0.00)		\$0.00
CERTIFICATE OF ST.	ATUS - SHORT FORM	1(\$25.00) 1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		(\$25.00)	\$0.00
EXPEDITED HANDLI	NG		\$25.00
TOTAL PAYMENTS R	RECEIVED: \$50.00	)	
CASH:	\$0.00		
CHECK/MONEY ORDE	ER: \$0.00		
CREDIT CARD:	\$50.00	)	
DRAWDOWN ACCOU	NT: \$0.00		

REQUESTED COPY FILE DATE FILE NUMBER

\$0.00

PrintDocuments

## STATE OF NEW YORK

### DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	VINITOR USA CORPORATION
DOS ID Number:	4551334
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/26/2014
Statement Status:	CURRENT
Statement Due Date:	03/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 18, 2023 at 10:05 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004154403 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>