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(Address)

(City/State/Zip/Phone #)

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T. LEMIEUX

JAN 15 2025

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FD Innovative Art, 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:

Isabel Mendoza

Name of Person

FD Innovative Art, Inc.

Firm/Company

515 Broadhollow Road, STE 800

Address

Melville, NY 11747

City/State and Zip code

info@fd-innovativeart.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Mendoza

at (39 )

349-637-5112

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified 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.

1. FD Innovative Art, 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. Delaware 3. 32-0769393  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/12/2024 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. 515 Broadhollow Road, STE 800, Melville, NY 11747  
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents, Inc.  
Office Address: 7901 4th Street North, Suite 300  
St. Petersburg, Florida 33702  
(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.*

Signed by:  
Bill Hauer, Authorized Representative  
A60832E8A6F1414  
(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]:

2024 DEC 23 PM 4:38

A. DIRECTORS

☐ Chairman Name: Stefano Passarello  
☐ Vice Chairman Address: 20/F Flat A  
☒ Director Coral Clourt, Parkvale Village  
☐ President Discovery Bay  
☐ Vice President Hong Kong  
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

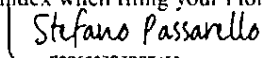
☐ Chairman Name:                       
☐ Vice Chairman Address:                       
☐ Director                       
☐ President                       
☐ Vice President                       
☐ Secretary ☐ Treasurer  
☐ Other                      ☐ Other                     

☐ 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. Stefano Passarello, Director  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FD INNOVATIVE ART INC." 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FD INNOVATIVE ART INC." WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

  
Jeffrey W. Bullock, Secretary of State

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SR# 20244324843

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204981972

Date: 11-26-24