

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.

(((H160000339093)))



H180000339093ABC+

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 : PIERO SALUSSOLIA CORPORATE MANAGEMENT

Account Number : I20150000007

Phone : (305)373-7016

Fax Number : (305)373-7017

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emeil	 
PUITT	 

IGFEB 11 AM 11: 48

## Foreign Limited Liability Company Casa Tua Cucina LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

H16000033092

FEB 1 2 2016

D. BRUCE

T/001

D/C THVTHG XB1

4160000839093

13600



February 11, 2016

#### FLORIDA DEPARTMENT OF STATE

PIERO SALUSSOLIA CORPORATE MANAGEMENT

SUBJECT: CASA TUA CUCINA LLC

REF: W16000010122

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing dover-sheet.

You failed to make the correction(s) requested in our previous latter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

\*\*\*\*\*\* We need a "GOOD STANDING CERTIFICATE" from Delaware. \*\*\*\*

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: E16000033909 Letter Number: 716A00002934

Feb/11/2016 11:32:41 AM Division of Corporations

Piero Salussolia P.A. 3053737017
H160000339093

2/9/16, 2:00 PM

Electronic Filing Menu

Corporate Filing Menu

Help

H160000339093

#### COVER LETTER .

	ration Section in of Corporation	ons				
SUBJECT:	Casa	tua Cuc	ing L Limited Liability	L C Company		<del></del>
The enclosed "A Existence, and c	pplication by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Transited Hability of	act Business in Florids company to transact bus	i," Certificate of iness in Florida
Please return all	correspondence	concerning this matter to the	following:			
		Narda	Hernar ame of Person	nde2		<del></del>
·	Pier	0 591U550l	COIP	arate	Maragen	ent.
	1410	20th Street	oute	214		
	1410	ami Beach	Address	33139	]	
	Naic	lades palac			PECAHA ELAHA	2016 FEB
For further inform	nation concernin	E-mail address: (to be used g this matter, please call:	i for future annua	report notific	ation)	- TEB
<u>N</u>		of Contact Person	at (305 Area Code	372 Daytim	e Telephone Number	- 65 - 53
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 sace, FL 32314			STREET Al Division of C Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section ling Ive Center Circle	
Enclosed is a che	ck for the follow .00 Filing Fee	ring amount:  \$\Boxed{\text{\$\subset\$} \text{\$\subset\$} \text{\$\subset\$} \text{\$\subset\$} \text{\$\subset\$} \text{\$\text{\$\subset\$} \text{\$\subset\$} \$\sub	□ \$155.00 Pilir Certified Copy		\$160,00 Filing Fee, ( f Status & Certified Co	

### Piero Salussolia P.A. 3053737017

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREKIN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Number of Fureign Transferd Transfe
(If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C," or "LLC.")
2. Delaware Florida 3.  Our indiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. JONDORY 20, 20,6 (Date first transacted business in Florida, il prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability)
5,
1410 20th street outc 214 migmi Beach F1, 33139 (Bircol Address of Principal Office)
6
1410 20th street oute 214 Miant 13each Fl, 33139
7. Name and street address of Plorido registered agent: (P.O. Box NOT acceptable)
Name: Picro Salvasolia Corporate Managament inc
trud cath stand over
Party Control of the
MIGMI Beach Plorida 33139 (City) (City)
Registered agent's acceptances  Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further digite to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the abligations of my position as registered agent.
*
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Michele Grendene 195 Member Managed
Attached is a certificate of existence, no more than 90 days pid, duly authenticated by the official having custody of records in the unisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under outh fithe translator must be submitted.
Signstore of an authorized person  his document is executed in accordance with section 605.0203(1) (b), Florida Statutes, I am aware that any false information abmitted in a document to the Department of State equalitates a third degree fellony as provided for in s.8(7.155, F.S.
Typed of printed harne of signed
H160000339093

. -

# <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CASA TUA CUCINA LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASA TUA CUCINA"

LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2016.

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

at corp. delaware. soy/auti

Authentication: 201815639

Date: 02-11-16

5948662 8300 SR# 20160746361

You may verify this certificate online at corp.delaware.gov/authver.shtml