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(Requestor's Name)

(Address)

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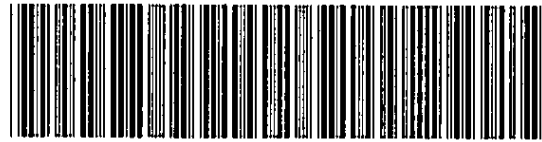
(Business Entity Name)

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S. FRANKLIN

DEC 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FABBRI USA 1905 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FRANK FERRANTE, JR.

Name of Person

FERRANTE, PLLC

Firm/Company

5 WEST 19TH STREET, 10TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

CORPORATIONS@FERRANTELAWFIRM.COM

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

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For further information concerning this matter, please call:

FRANK FERRANTE, JR.

212

308 - 4440

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FABBRI USA 1905 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. 26-3129606
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. APRIL 1, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 43-01 22ND STREET, SUITE 518
(Street Address of Principal Office)

6. C/O FERRANTE, PLLC
(Mailing Address)

LONG ISLAND CITY, NEW YORK 11101

5 WEST 19TH STREET, 10TH FLOOR

NEW YORK, NY 10011

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, 32301
(City) Florida (Zip code)


Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature] Assistant Secretary on behalf of Registered Agent
(Registered agent's signature) Solutions, Inc.

<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>Oscar Contesini</u></p> <p><input type="checkbox"/> Member Address: <u>43-01 22ND ST., SUITE 518</u></p> <p><input type="checkbox"/> Authorized <u>LONG ISLAND CITY,</u></p> <p> <u>NEW YORK 11101</u></p> <p> Person</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> Person</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> Person</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input checked="" type="checkbox"/> Manager Name: <u>Ugo Capobianco</u></p> <p><input type="checkbox"/> Member Address: <u>43-01 22ND ST., SUITE 518</u></p> <p><input type="checkbox"/> Authorized <u>LONG ISLAND CITY,</u></p> <p> <u>NEW YORK 11101</u></p> <p> Person</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> Person</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p> Person</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
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10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


Signature of an authorized person

Oscar Contesini, Manager

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, 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: FABBRI USA 1905 LLC
DOS ID Number: 3689502
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/26/2008
Statement Status: CURRENT
Statement Due Date: 06/30/2022

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TALLAHASSEE, FL

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 06/26/2008
Entity Name: FABBRI USA 1905 LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 09/03/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/18/2010
Effective Date: 06/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/07/2012
Effective Date: 06/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/08/2016
Effective Date: 06/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/26/2021

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 October 27, 2021 at
11:24 A.M.

ROSSANA ROSADO, Secretary of State

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CLERK OF THE STATE
TREASURER
TAX COLLECTOR
ASSISTANT

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State