

M24000007726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

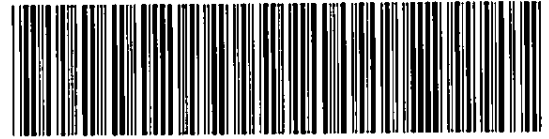
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 14 PM 3:49

RECEIVED
2024 JUN 14 PM 3:31
TALLAHASSEE, FLORIDA
FILE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 493460 4802976

AUTHORIZATION

COST LIMIT \$125.00

ORDER DATE : June 11, 2024

ORDER TIME : 12:32 PM

ORDER NO. : 493460-010

CUSTOMER NO: 4802976

FOREIGN FILINGS

NAME: FABBRICA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

**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. Fabbrica 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(File number, if applicable)

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

5. 1 Market Circle
(Street Address of Principal Office)

6. 1 Market Circle
(Mailing Address)

Windsor, CT 06095

Windsor, CT 06095

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

Name: Corporation Service Company

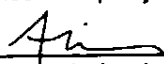
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company

By: 
(Registered agent's signature)

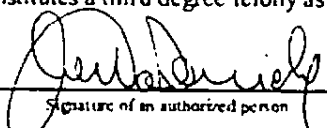
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Alberto De Gobbi</u>	<input type="checkbox"/> Manager	Name: <u>Claudio Daniele</u>
<input type="checkbox"/> Member	Address: <u>1 Market Circle</u>	<input type="checkbox"/> Member	Address: <u>1 Market Circle</u>
<input type="checkbox"/> Authorized	<u>Windsor, CT 06095</u>	<input type="checkbox"/> Authorized	<u>Windsor, CT 06095</u>
Person	_____	Person	_____
<input type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Oscar Marchetto</u>	<input type="checkbox"/> Manager	Name: <u>Alessandro Zanchetta</u>
<input type="checkbox"/> Member	Address: <u>1 Market Circle</u>	<input type="checkbox"/> Member	Address: <u>1 Market Circle</u>
<input type="checkbox"/> Authorized	<u>Windsor, CT 06095</u>	<input type="checkbox"/> Authorized	<u>Windsor, CT 06095</u>
Person	_____	Person	_____
<input type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Giancarlo Corazza</u>	<input type="checkbox"/> Manager	Name: <u>Michael Barry</u>
<input type="checkbox"/> Member	Address: <u>1 Market Circle</u>	<input type="checkbox"/> Member	Address: <u>1 Market Circle</u>
<input type="checkbox"/> Authorized	<u>Windsor, CT 06095</u>	<input type="checkbox"/> Authorized	<u>Windsor, CT 06095</u>
Person	_____	Person	_____
<input type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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

Claudio Daniele

Typed or printed name of signer

CSC 493460 010

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FABBRICA 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 JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FABBRICA LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2015.

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



5814962 8300

SR# 20242841944

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203683320

Date: 06-11-24