

PI4 000053133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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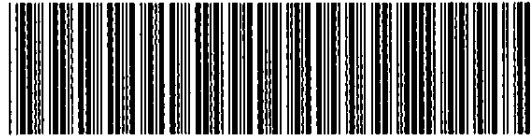
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS &
2014 JUN 18 PM 4:13
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 18 AM 9:00

6/19/18



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 182318 5016323

AUTHORIZATION :

COST LIMIT : \$ 70.00

Lyndee

ORDER DATE : June 18, 2014

ORDER TIME : 3:19 PM

ORDER NO. : 182318-005

CUSTOMER NO: 5016323

DOMESTIC FILING

NAME: MICHELE LOPRIORE INTERNATIONAL
INC.

EFFECTIVE DATE:

XX ☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MICHELE LOPRIORE INTERNATIONAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Leonard B. Pack, Attorney at Law

17 State Street - 15th Floor

New York, NY 10004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful activity under the laws of the State of Florida, including without limitation ownership and operation of retail stores.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE IV SHARES

The number of shares of stock is: 100 Common shares without par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michele Lopriore, Director</u>	Name and Title:	<u>Michele Lopriore, President</u>
Address	<u>Via Leonardo da Vinci 249</u>	Address:	<u>Via Leonardo da Vinci 249</u>
	<u>Trezzano sui Naviglio 20090</u>		<u>Trezzano sui Naviglio 20090</u>
	<u>Milan, Italy</u>		<u>Milan, Italy</u>

Name and Title:	<u>Michele Lopriore, Treasurer & Secretary</u>	Name and Title:	_____
Address	<u>Via Leonardo da Vinci 249</u>	Address:	_____
	<u>Trezzano sui Naviglio 20090</u>		_____
	<u>Milan, Italy</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michele Padian
Address: 17 State Street - 15th Floor
New York, NY 10004

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Emily Gray Asst VP
Required Signature/Registered Agent

6/18/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Michele Padian
Required Signature/Incorporator

6-18-14
Date