

P20000028948

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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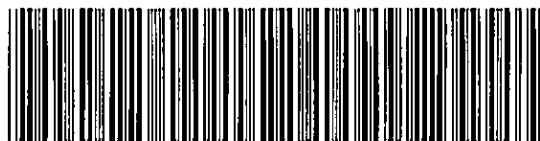
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 APR 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FL

2020 APR 10 PM 2:11

N CULLICOTT

APR 10 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 258317 7357432

AUTHORIZATION :



COST LIMIT : \$ 787.75

ORDER DATE : April 9, 2020

ORDER TIME : 10:43 AM

ORDER NO. : 258317-010

CUSTOMER NO: 7357432

DOMESTIC FILING

NAME: DORELAN USA, CORP.

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
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Dorelan USA, Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: John Cocklereece
Name (Printed or typed)

PO Box 21029
Address

Winston-Salem, NC 27120
City, State & Zip

336-714-4123
Daytime Telephone number

jcocklereece@bell.davis.pitt.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Dorelan USA, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 N. Cherry Street, Suite 600

Winston-Salem, NC 27101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Marketing, advertising, sale and distribution of mattresses, somniers, bed bases, pillows and accessories for hotels,
homes, shipbuildings and end-consumers

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luca Tura, President/Director

Name and Title: William Bergamaschi, Vice President/Director

Address Forli, Via Bianchi Porro Benedetta 2,
47121 (FC). Italy

Address: Forli, Via Carlo Forlanini 1, 47121
(FC). Italy

Name and Title: Luigi Portelli, Treasurer

Name and Title: John Cocklereeca, Secretary

Address Via Veneto 9/9, Peschiera Borromeo
20068 (MI). Italy

Address: 100 N. Cherry St, Suite 600,
Winston-Salem, NC 27101

Name and Title: Cristian Bergamaschi, Director

Name and Title: Riccardo Tura, Director

Address Forli, Via Carlo Forlanini 1,
47121 (FC). Italy

Address: Forli, Via Dell'Appennino 46,
47121 (FC). Italy

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: John Cocklereece
Address: 100 N. Cherry St, Suite 600,
Winston-Salem, NC 27101

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Corporation Service Company

By: Amanda Robinson, Asst. Vice President

04/10/2020

Required Signature/Registered Agent

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.

John A. Cocklereece
Required Signature/Incorporator

4/09/2020
Date

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TALLAHASSEE, FL