

F13000001029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

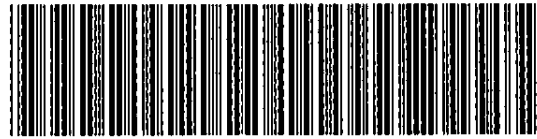
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/13--01020--003 **70.00

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13 MAR - 7 PM 3: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 13-11840
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2013

MARIANIS GELATO ITALIANO INC
117 MAIN ST
ROSELLE, IL 60172

SUBJECT: MARIANIS GELATO ITALIANO INC
Ref. Number: W13000011840

We have received your document for MARIANIS GELATO ITALIANO INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 413A00004735

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Marianis Gelato Italiano Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 46-1668228
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/7/2012 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/22/2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 117 Main St. Roselle IL 60172
(Principal office address)

(Current mailing address)

8. Ice cream sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Walter Ascher

Office Address: 14521 Alejo Ct.

Seminole, Florida 33774
(City) (Zip code)

10. Registered agent's acceptance:

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

Walter Ascher
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Maria Mariani

Address: 117 Main St. Roselle IL 60172

Vice Chairman: Maria Mariani

Address: _____

Director: Maria Mariani

Address: _____

Director: Maria Mariani

Address: _____

B. OFFICERS

President: Maria Mariani

Address: _____

Vice President: Maria Mariani

Address: _____

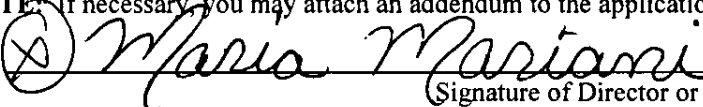
Secretary: Maria Mariani

Address: _____

Treasurer: Maria Mariani

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Mary Mariani, Officer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

File Number 6847-562-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MARIANI'S GELATO ITALIANO, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 28, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THE DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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SECRETARY OF STATE
JESSE WHITE, FLORIDA



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of MARCH A.D. 2013 .

Jesse White

Authentication #: 1306301776

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE