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## TRANSMITTAL LETTER

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

SUBJECT:	Stone	Stoney Point Capital Mgt. Inc					
		(PROPOSED CO	RPORA	TE NAME - MUSTINCE	ODESUFFIX)		
	•						
Enclosed are a	an origi	nal and one (1) copy of	the artic	cles of incorporation and	a check for:		
2 \$70 Filing		\$78.75 Filing Fee & Certificate of Statu	S	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
			:	ADDITIONAL CO	Status PY REQUIRED		
FROM:		Giulio Bertoldi	Name (	Printed or typed)			
	_	970 Beacon St. N.V	<b>v</b> .	ddress	-		
	-	Palm Bay	Fl.	32907 State & Zip			
	_	321 723 3703 De		elephone number			
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NOTE: Please provide the original and one copy of the articles.

## 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: Stoney Point Capital Mgt. Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18 Plenty St. 970 Beacon St. N.W Warwick R.I. 02886 Palm Bay FL 32907 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Manage Capital Investments ARTICLE IV The number of shares of stock is: 10,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Giulio Bertoldi Pres. 970 Beacon St. N.W Palm Bay Fl. 32907 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Giulio Bertoldi 970 Beacon St. N.W Palm Bay Fl. 32907 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Giulio Bertoldi 970 Beacon St. N.W Palm Bav Fl. 32907 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 Signature/Registered Agent

Signature/Incorporator