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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 30 AM 8:32

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CORSA ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME CORSA ENTERPRISES, INC.
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
3055 SW 28 St
Miami FL 33133

Mailing address, if different is:
3055 SW 28 St
Miami FL 33133

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>GIANNI MAURO GELLEN</u>	Name and Title: _____
Address: <u>3055 SW 28 St</u>	Address: _____
<u>Miami FL 33133</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Peter J Yanowitch
Address: 2903 Salzedo St #2
Coral Gables FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GIANNI MAURO GELLEN
Address: 3055 SW 28 St
Miami FL 33133

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



Required Signature/Registered Agent

12/30/10

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.

Gianni Gelleni

Required Signature/Incorporator

12-30-10

Date

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