

P13000039064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

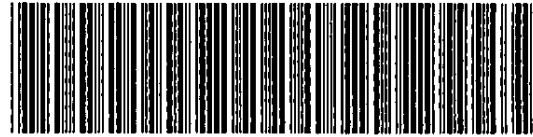
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. ENTWISL MAY 01 2013

**COVER LETTER**

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

**SUBJECT: PAGANI GROUP INC.**  
**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: ALBERTO H. PAGANI**  
Name (Printed or typed)  
**414 MEADOW LN**  
Address  
**OLDSMAR, FL. 34677**  
City, State & Zip  
**727-637-4440**  
Daytime Telephone number  
**AHP102851@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

**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** PAGANI GROUP INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 414 MEADOW LN  
OLDSMAR, FL. 34677  
Mailing address, if different is: P.O. BOX 563  
OLDSMAR, FL. 34677

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: SELLING, BUYING, TRADING.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>ALBERTO H. PAGANI, PRES.</u>	Name and Title:	<u>FABIO E. PAGANI, DIR.</u>
Address:	<u>414 MEADOW LN.</u> <u>OLDSMAR, FL. 34677</u>	Address:	<u>414 MEADOW LN.</u> <u>OLDSMAR, FL. 34677</u>

Name and Title:	<u>ADRIAN A. PAGANI, DIR.</u>	Name and Title:	<u>CARINA S. PAGANI, DIR.</u>
Address:	<u>414 MEADOW LN.</u> <u>OLDSMAR, FL. 34677</u>	Address:	<u>414 MEADOW LN.</u> <u>OLDSMAR, FL. 34677</u>

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

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TALLAHASSEE FLORIDA  
FILED

(conti.)

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: ALBERTO H. PAGANI  
 Address: 414 MEADOW LN.  
OLDSMAR, FL. 34677

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALBERTO H. PAGANI  
 Address: 414 MEADOW LN.  
OLDSMAR, FL. 34677

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*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 4/25/13  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 4/25/13  
Date