

P13000039064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

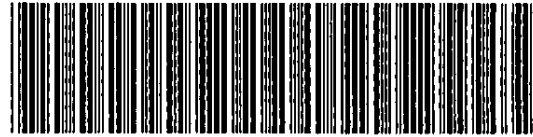
(Business Entity Name)

(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
ADDITIONAL COPY REQUIRED	

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
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(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