

P/500005571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

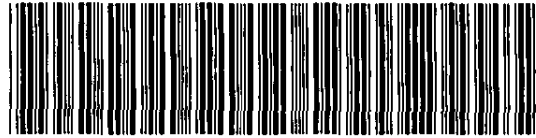
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800267693418

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 JAN 21 AM 8:36

RECEIVED  
15 JAN 21 AM 10:47  
DIVISION OF CORPORATION

*h 01/22/15*

ACCOUNT NO. : I20000000195

REFERENCE : 467819 7824765

AUTHORIZATION :

COST LIMIT : \$70.00

*Liquidation*

ORDER DATE : January 21, 2015

ORDER TIME : 9:54 AM

ORDER NO. : 467819-005

CUSTOMER NO: 7824765

DOMESTIC FILING

NAME: ERMANN0 MIAMI, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

### COVER LETTER

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

**SUBJECT:** Ermanno Miami, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Eugenio Minoli  
\_\_\_\_\_  
Name (Printed or typed)  
Altieri Esposito & Minoli PLLC, 420 Fifth Avenue, 26th Floor  
\_\_\_\_\_  
Address  
New York, NY 10018  
\_\_\_\_\_  
City, State & Zip  
212-596-7403  
\_\_\_\_\_  
Daytime Telephone number  
eminoli@aem-law.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**  
The name of the corporation shall be: Ermanno Miami, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: c/o Altieri Esposito & Minoli PLLC  
420 Fifth Avenue, 26th Floor  
New York, NY 10018  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Retail Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title:	<u>Leonardo Vannini, Director</u>	Name and Title:	<u>Leonardo Vannini, President</u>
Address	<u>c/o Altieri Esposito &amp; Minoli PLLC</u> <u>420 Fifth Avenue, 26th Floor</u> <u>New York, NY 10018</u>	Address:	<u>c/o Altieri Esposito &amp; Minoli PLLC</u> <u>420 Fifth Avenue, 26th Floor</u> <u>New York, NY 10018</u>

Name and Title:	<u>Leonardo Vannini, Treasurer</u>	Name and Title:	<u>Eugenio Minoli, Secretary</u>
Address	<u>c/o Altieri Esposito &amp; Minoli PLLC</u> <u>420 Fifth Avenue, 26th Floor</u> <u>New York, NY 10018</u>	Address:	<u>c/o Altieri Esposito &amp; Minoli PLLC</u> <u>420 Fifth Avenue, 26th Floor</u> <u>New York, NY 10018</u>

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

(cont.)

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: Corporation Service Company  
 Address: 1201 Hays Street  
Tallahassee, FL 32301

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eugenio Minoli  
 Address: 420 Fifth Avenue, 26th Floor  
New York, NY 10018

*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*

By: Madonna Malinowski **Madonna Malinowski, Assistant VP** 1/21/15  
 Corporation Service Company Required Signature/Registered Agent 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.*

[Signature] 1/21/15  
 Required Signature/Incorporator Date