

N1500000 7178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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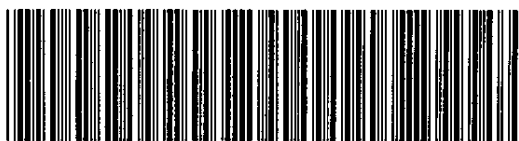
(Business Entity Name)

(Document Number)

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T CANNON

COVER LETTER

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

SUBJECT: A NUOTO NEI MARI DEL GLOBO, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Angela Cappuzzello
Name (Printed or typed)
1410 20th Street Suite 214
Address
Miami Beach, FL 33139
City, State & Zip
305-373-7016
Daytime Telephone number
angela@pscmusa.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: A NUOTO NEI MARI DEL GLOBO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>1410 20th Street Suite 214</u> <u>Miami Beach, FL 33139</u>	Mailing address, if different is: _____ _____
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ARTICLE III PURPOSE

Said Corporation is organized exclusively for charitable purposes, including, The purpose for which the corporation is organized is: _____
for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the
Internal Revenue Code, or the corresponding section of any future federal tax code. The main purpose is to raise money in order to
arrange everything that is necessary (equipments, boats, divers, etc.) to organize the swimming from Cuba (Havana) to Key-West.
Said crossing will be made by a disabled person (missing a leg) without any technological support and its final aim is to obtain
adequate prosthetic aids for people in need and to sensitize people's consciences and awareness on the matter of disability.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in ByLaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Piero Salussolia, Director</u> Address: <u>1410 20th Street Suite 214</u> <u>Miami Beach, FL 33139</u>	Name and Title: _____ Address: _____
Name and Title: <u>Monica Tirado, Director</u> Address: <u>1410 20th Street Suite 214</u> <u>Miami Beach, FL 33139</u>	Name and Title: _____ Address: _____
Name and Title: <u>Salvatore Cimmino, Director</u> Address: <u>1410 20th Street Suite 214</u> <u>Miami Beach, FL 33139</u>	Name and Title: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Piero Salussolia Corporate Management, Inc.
Address: 1410 20th Street Suite 214
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Angela Cappuzzello
Address: 1410 20th Street Suite 214
Miami Beach, FL 33139

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 (Vice-President)
Required Signature of Registered Agent

07/13/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

07/13/2015
Date