

P00000050686

Requester's Name

SAL PIETRIPAOLI  
5444 ASHTON MANOR DRIVE  
SARASOTA, FL 34233

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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00 MAY 18 PM 2:20  
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TALLAHASSEE, FLORIDA

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-05/18/00-01081-003  
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- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

5/23

Examiner's Initials

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# ARTICLES OF INCORPORATION

BY THESE ARTICLES OF INCORPORATION the incorporator forms  
corporation for profit under Florida law.

1. **NAME** The name of this Corporation is:  
**MASTERING ARMS, INC.**
2. **ADDRESS** The Corporation's principal office and mailing address is:  
**5444 ASHTON MANOR DRIVE  
SARASOTA, FL 34233**
3. **TERM** This Corporation shall exist perpetually.
4. **PURPOSE** The purpose of this corporation is to transact any/all lawful  
businesses for which corporations may be incorporated  
under Chapter 607 Florida Statutes.
5. **CAPITAL  
STOCK** This Corporation is authorized to issue one thousand (1,000)  
shares of common stock of one (1.00) dollar per share. The  
stockholders may dispose of the authorized but unissued  
stock from time to time. No stockholder has a preemptive  
right to purchase unissued or treasury or securities  
convertible into or carrying a right to subscribe to or  
acquire stock.
6. **REGISTERED  
AGENT** The registered agent for this corporation is:  
**SAL PIETRIPAOLI**  
and the registered office is located at:  
**5444 ASHTON MANOR DRIVE  
SARASOTA, FL 34233**

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7. **DIRECTORS**

This Corporation shall have no directors. The business of the Corporation shall be managed by the stockholders.

8. **INCORPORATOR**

The name and street address of the incorporator is:

**SAL PIETRIPAOLI  
5444 ASHTON MANOR DRIVE  
SARASOTA, FL 34233**

9. **BYLAWS**

After adoption of the initial bylaws by the stockholders, bylaws may be adopted, amended or repealed by the stockholders of this corporation.

10. **STOCK  
RESTRICTIONS**

By Agreement, stockholders and this corporation may restrict or limit the sale or transfer, or both, of stock of this corporation, restrict the right to encumber the stock and provide for the consideration to be paid for the stock after its original issuance. The bylaws shall provide for transfer on the corporate books in conformity with any agreement.

DATED ON: 5/16/00

  
\_\_\_\_\_  
SAL PIETRIPAOLI

STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me

on 5/16/00 by SAL PIETRIPAOLI



RICHARD L. COX  
COMMISSION # CC580244  
EXPIRES OCT 15, 2000  
BONDED THROUGH  
ATLANTIC BONDING CO., INC.

  
\_\_\_\_\_

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN, FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED. IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST-THAT **MASTERING ARMS, INC.** DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT: CITY OF SARASOTA, STATE OF FLORIDA, HAS NAMED **SAL PIETRIPAOLI** LOCATED AT **5444 ASHTON MANOR DRIVE** CITY OF SARASOTA, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

  
\_\_\_\_\_  
**SAL PIETRIPAOLI**

For: **MASTERING ARMS, INC.**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

  
\_\_\_\_\_  
**SAL PIETRIPAOLI**

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TALLAHASSEE, FLORIDA