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Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : EMFIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

FINELLI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT - 5 2001

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(1)

ARTICLES OF INCORPORATION

OF

FINELLI, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE ONE

NAME

The name of the corporation is FINELLI, INC. Principal office is located at 1961 N.W. 55 AVENUE MARGATE, FL 33063.

ARTICLE TWO

DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE

PURPOSE

The corporation may engage in any or all lawful business permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

ARTICLE FOUR

CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

ARTICLE FIVE

REGISTERED OFFICE

The principal address of the initial registered office of the corporation shall be 1961 NW 55 AVENUE MARGATE, FL 33063. The name of the initial registered agent at such address is ADOLFO FINELLI.

ARTICLE SIX

PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

Prepared by Steven C. Klein, CPA 954-345-3696  
7522 WILES RD. SUITE 210 Coral Springs, FL 33067

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TALLAHASSEE, FLORIDA

## ARTICLES

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ARTICLE SEVEN  
DIRECTORS

The Board of Directors of the corporation shall consist of at least one member and not more than eleven.

The name and address of initial Directors of the Board is:

<u>NAME</u>	<u>ADDRESS</u>
ADOLFO FINELLI	1961 NW 55 AVENUE MARGATE, FL 33063

## INCORPORATORS

The name and address of the incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
ADOLFO FINELLI	1961 NW 55 AVENUE MARGATE, FL 33063

IN WITNESS WHEREOF, I have subscribed my name this 1<sup>st</sup> day of OCTOBER, 2001.

X Adolfo Finelli  
ADOLFO FINELLI, Incorporator  
and Director

STATE OF FLORIDA:

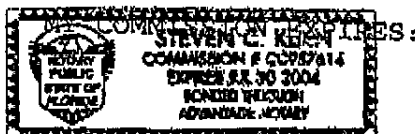
: SS

COUNTY OF BROWARD:

On this 1 day of Oct, 2001 before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ADOLFO FINELLI, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

[Signature]  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE



CERTIFICATE OF DESIGNATION

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## REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is FINELLI, INC.
2. The name and address of the registered agent and office is

ADOLFO FINELLI  
1961 NW 53 AVENUE  
MARGATE, FL 33063

*Adolfo Finelli*  
ADOLFO FINELLI, INCORPORATOR  
10.1.01  
Date

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

*Adolfo Finelli*  
ADOLFO FINELLI, Registered Agent  
OCTOBER 1, 2000  
Date

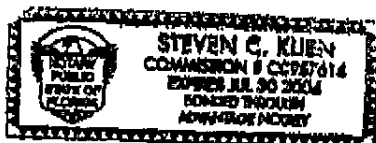
State of Florida  
County of BROWARD

The foregoing instrument was acknowledged and sworn to before me this 1<sup>st</sup> day of OCT, 2001.

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TALLAHASSEE, FLORIDA

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My commission expires:



*[Signature]*  
Notary Public