

**P03000026684**

(Requestor's Name)

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(City/State/Zip/Phone #)

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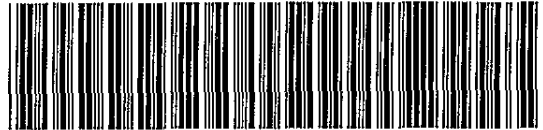
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** Foglia Ventures Group, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u>      </u> \$70.00	<u>      </u> \$78.75	<u>  X  </u> \$78.75	<u>      </u> \$87.50
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee Certified Copy & Certificate

**FROM:** CNA Accounting & Tax Service  
Name (printed or typed)

8362 Pines Blvd. Ste 291  
Address

Pembroke Pines, Fl 33024  
City, State & Zip

(954) 433-0600  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I      NAME

The name of the corporation shall be:

Foglia Ventures Group, Inc.

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### ARTICLE II      PURPOSE OF CORPORATION

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### ARTICLE III      PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8940 N.W. 11 Street  
Pembroke Pines, FL 33024

### ARTICLE IV      CORPORATE CAPITALIZATION

The maximum number of shares that this Corporation is authorized to have outstanding at any time is FIVE THOUSAND (5,000) shares of common stock, each share having the par value of ONE DOLLAR (\$1.00).

ARTICLE V            PRE-EMPTIVE RIGHTS

*The shareholders shall have Pre-emptive Rights.*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the initial registered agent is:*

*Anthony Foglia  
8940 N.W. 11 Street  
Pembroke Pines, FL 33024*

ARTICLE VII        INCORPORATOR(S)

*The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):*

*Cary Nabors  
8362 Pines Blvd. Ste 291  
Pembroke Pines, Fl 33024*

The Undersigned incorporator(s) has(have) executed these Articles  
of Incorporation this 28 day of February,  
2003.

  
Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED  
OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Foglia Ventures Group, Inc.

2. The name and address of the registered agent and office is:

Anthony Foglia  
(Name)  
8940 N.W. 11 Street  
(P.O. BOX not acceptable)  
Pembroke Pines, Fl 33024  
(City/State/zip)

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TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree the act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X   
(Signature)

03/02/03