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# TRANSMITTAL LETTER

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

	der Holdings Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status PY REQUIRED	of
FROM: Pa	iul A. Storti	(n.i., J., and )		
	Name	e (Printed or typed)		TAT.
	5170 Alton Road	Address		LAHASS
	Miami Beach, FL 33140	Address y, State & Zip		CREWAY OF STA

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:

Viggiano Holdings Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5170 Alton Road

Miami Beach, FL 33140

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real estate development

#### ARTICLE IV SHARES

The number of shares of stock is:

1000000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Paul A Storti - President 5170 Alton Road Miami Beach, FL 33140

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Paul A Storti 5170 Alton Road Miami Beach, FL 33140

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul A Storti 5170 Alton Road Miami Beach, FL 33140

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

	10-28-04
Signature/Registered Agent	Date
	10-28-04
Signature/Incorporator	Date

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