

**PD6000043799**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

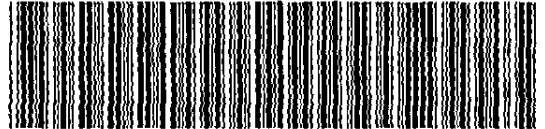
(Document Number)

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

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06 MAR 27 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: GUGLIELMI GROUP CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: GUGLIELMI GROUP CORP.  
Name (Printed or typed)

8115 SANTILLO DR  
Address

JACKSONVILLE FL 32217  
City, State & Zip

(904) 733 6307  
Daytime Telephone number

**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:

GUGLIELMI GROUP CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8115 SANTILLO DR  
JAX, FL 32.217.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

~~Block~~, BLOCK, BRICK AND CONCRETE.

**ARTICLE IV SHARES**

The number of shares of stock is:

2.000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LEONARDO MARINO GUGLIELMI  
8115 SANTILLO DR JAX, FL 32.257.

**ARTICLE VI REGISTERED AGENT**

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

LEONARDO MARINO GUGLIELMI  
8115 SANTILLO DR JAX, FL 32217.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LEONARDO MARINO GUGLIELMI.  
8115 SANTILLO DR JAX FL 32.217.

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

FILED  
06 MAR 27 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/27/06  
\_\_\_\_\_  
Date

03/27/06  
\_\_\_\_\_  
Date