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COVER LETTER

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

SUBJECT: Capelli Communications, Inc.		
(PROPOSED CORPORA)		
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Jon Ombres		
P.O. Box 2053	(Printed or typed) Address	
West Palm Beach, FL 33402	State & Zip	
561 459 1452	elephone number	
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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:

Capelli Communications, Inc.

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 2053, West Palm Beach, FL. 33402

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Communications business

ARTICLE IV

The number of shares of stock is:

1

INITIAL OFFICERS AND/OR DIRECTORS

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

Jon Ombres - P.O. Box 2053, West Palm Beach, FL 33402

ARTICLE VI REGISTERED AGENT

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

Jon Ombres - 1800 Embassy Drive, West palm Beach, FL. 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jon Ombres - 1800 Embassy Drive, West Palm Beach, FL 33401

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

3-21-06 Date 3-21-06