

P060000152406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

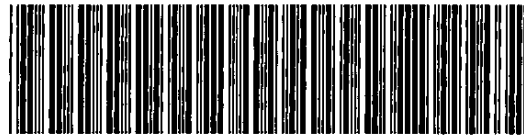
(Document Number)

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12/12/06

COVER LETTER

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

FILED
06 DEC 11 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Stiletto Corporation
(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: Angela M. Buoncervello
Name (Printed or typed)

215 Celebration Place #190
Address

Celebration FL 34747
City, State & Zip

407 566 2012
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:

Stiletto Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

215 Celebration Place, #190
Celebration FL 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business for which a corporation may be organized under the laws of the State of Florida including, but not limited to, consulting in the areas of sales, marketing, advertising and administration.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares (ONE HUNDRED Shares)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angela M. Buoncervello - President/Secretary/Treasurer
215 Celebration Place #190
Celebration FL 34747

ARTICLE VI REGISTERED AGENT

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

Becky Buoncervello
215 Celebration Place #190
Celebration, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Becky Buoncervello
215 Celebration Place #190
Celebration FL 34747

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

Becky Buoncervello
Signature/Registered Agent

Becky Buoncervello
Signature/Incorporator

FILED

06 DEC 11 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/17/06
Date

12/17/06
Date