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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: VELACINO, INC.  
(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: JOHN VELEZ  
Name (Printed or typed)

10200 ST. RD. 84 SUITE 102  
Address

DAVIE, FL 33324  
City, State & Zip

954-605-3655  
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:

VELACINO, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1844 N. WOBHILL RD. SUITE # 191  
PLANTATION, FL 33322

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENT GROUP

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN VELEZ - PRESIDENT / SECRETARY / TREASURER  
JOSEPH GUARACINO - VICE PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

JOHN VELEZ  
10200 ST. RD. 84 SUITE 102  
DAVIE, FL 33324

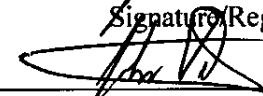
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN VELEZ  
10200 ST. RD. 84 SUITE 102  
DAVIE, FL 33324

\*\*\*\*\*  
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

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07 SEP -5 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/27/07

Date

08/27/07

Date