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(Requestor's Name)				
(Ad	ldress)			
(Ad	Idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE

COVER LETTER

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

ECT: Moretti		ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
sed are an orig	inal and one (1) copy of the art	icles 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 Copy & Certificate of Status PY REQUIRED
FROM: Ma	ackenzie Pierce Name	e (Printed or typed)	
	4170 15TH AVE	Address	
	POMPANO BEACH, FL 33064	y, State & Zip	
	561-703-7890	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:

Moretti Motoring Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

4170 NE 15TH AVE, POMPANO BEACH, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VICE PRESIDENT

MACKENZIE S. PIERCE

4170 NE 15TH AVE

POMANO BEACH, FL 33064

PRESIDENT TARA J. HUBER 4170 NE 15TH AVE POMPANO BEACH, FL 33064

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SECRETARY OF STATE
ORION

ARTICLE VI REGISTERED AGENT

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

TARA HUBER 4170 NE 15TH AVE POMPANO BEACH, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

MACKENZIE PIERCE

4170 NE 15TH AVE

POMPANO BEACH, FL 33064