

P08000087584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

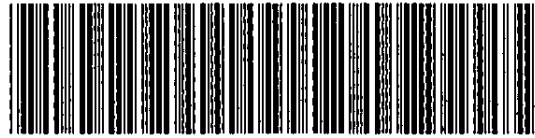
(Document Number)

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FILED  
08 SEP 24 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 9/24/08

W080000 42771

**COVER LETTER**

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

SUBJECT: ~~XXXXXX~~ ITED, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: GIOVANNI CECCHINELLI  
Name (Printed or typed)

5054 S.W. 128<sup>TH</sup> AVENUE  
Address

MIAMI, FL 33175  
City, State & Zip

305-345-3545  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2008

GIOVANNI CECCHINELLI  
5054 S.W. 128TH AVENUE  
MIAMI, FL 33175

SUBJECT: T E D, INC.  
Ref. Number: W08000042771

RECEIVED  
08 SEP 24 AM 8:00  
DIVISION OF CORPORATIONS

We have received your document for T E D, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 608A00050173

NAME CORRECTED !  
Please FILE  
THANKS.

# 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:

~~XXXXXXXXXX~~ ITED, INC

## ARTICLE II PRINCIPAL OFFICE

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

5054 SW 128<sup>TH</sup> AVE.  
MIAMI, FL 33175

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL PURPOSE / EXPORT

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GIOVANNI CECCHINELLI, PRESIDENT, 5054 SW 128<sup>TH</sup> AVE. MIAMI, FL 33175  
ELIANE CECCHINELLI, VP, 5054 SW 128<sup>TH</sup> AVE. MIAMI, FL 33175  
JUAN CARLOS CECCHINELLI, 5054 SW 128<sup>TH</sup> AVE. MIAMI, FL 33175  
S.T.

## ARTICLE VI REGISTERED AGENT

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

GIOVANNI CECCHINELLI  
5054 SW 128<sup>TH</sup> AVE. MIAMI, FL 33175

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GIOVANNI CECCHINELLI  
5054 SW 128<sup>TH</sup> AVE. MIAMI, FL 33175

\*\*\*\*\*

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

Date

Date

FILED  
08 SEP 24 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA