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SECRETARY OF STATE

1.

COVER LETTER

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

SUBJECT: LEONARDO			
(PROPOSED CORPORA	TE NAME - MUSTING	<u>LUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the arti	ieles of incorporation an	nd a check for:	
\$70.00 \$78.75	\$78.75	\$87.50	
Filing Fee Filing Fee	□Filing Fee	AFiling Fee.	
& Certificate of Status	& Certified Copy		
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	ADDITIONAL C	Status OPV REQUIREI	n I
	ADDITIONAL C	OF T REQUIRE	<u></u>
EDOM MUTOCO ROSS	: <i>j</i>		
FROM: ANDREA ROSS	(Printed or typed)		
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133/ LINCOL	N KOAD,	APT 505	
	Address	- ASE	201
	. س	CR:	7010 NOV -
Mimi Bench	, FL. 3	3/39 副	2
City.	State & Zip	7.13 A.13	ന്
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/ JRTAXX Q	Adl. Com	Dm.	0
E-mail address: (to be used		notification)	

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 The name of the corp	NAME Portation shall be: LEONIND & C	ORPORA	TION	
	PRINCIPAL OFFICE Principal street address 1331 LINCOLN Rd, APTSOS 1 AMIBERCH, FL. 33/39		Mailing address, if d	
ARTICLE III P The purpose for whi MANUFA	URPOSE ch the corporation is organized is: TURE MID SME OF EN	vong 4 1	lerated f	PREDUCTS.
	s of stock is: 1000			
Name and Title Address:	MITIAL OFFICERS AND/OR DIRECTORS ANDREA ROSSI, PRES. 1331 LINCOLN Rd, MT SOS MITTHI BENEH, FL 33139	- Name and Title	MI DREA R.	10551, DIRECTOR LA RC, APT 505 LH, FL. 33139
Name and Title Address:	JAMES R. TRAVIS, SEZTY & TOWN FARM ROOF NOW BOSTON, NH 03070	/ Name and Title Address:		TRANS DIRECTO
Name and Title Address:				10 🖎
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of t	he registered age	nt is:	CRET NOV
Name: Address:	ANDREA ROSSI 1331 LINCOLD Rd MITSOS MIAMI BEACH, PL 33139	•	SSEE, FI	-8 - IT
	NCORPORATOR SS of the Incorporator is: ANDREA ROSSI 1331 LINGCLN Rd, MOTSUS MIAMI BENCH, FL 33/39	_	erio.	9. 26 8. 26
Having been named this certificate, I am f		for the above sta tered agent and d REA LOSS	agree to act in this co	the place designated in apacity 1 3/10
I submit this docume document to the Depa	Required Signature/Registered Agent ant and affirm that the facts stated herein are to artment of State constitutes a third degree felony of	rue. I am aware as provided for it	that the false inforus,817.155, F.S.	Date
Nuda	Required Signature/Incorporator	ca Rossi	· <u>/</u>	11/3/18 Date