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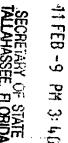
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Statu	ıs				
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

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

SUBJECT:	LINGUA ITALIA	NA, CORP.			
	(PROPOSED CORPORA	TE NAME - MUST INC	LUDE SUFFIX)		
Enclosed are an ori	iginal and one (1) copy of the art	icles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL C	OPY REQUIRED		
FROM: _	ELISA OLIVERIO Name	e (Printed or typed)			
<u></u>	825 BRICKELL BAY	DRIVE SUITE	951		
MIAMI, FLORIDA 33131 City, State & Zip					
786 396 6140 Daytime Telephone number					
italy.teacher@gmail.com E-mail address: (to be used for future annual report 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	NAME corporation shall t	LINGUA ITALIANA ,	CORP.		11 FEB -9 PM 3: 40
THE HATTE OF THE	corporation sharr				
ARTICLE II	PRINCIPAL				SECRETARY OF STATE Mailing address it AFFASSIE. FLORIDA
	Principal 825 Brickell	street address Bay Dr. # 951		Sama	Mailing address and ASSEE FLORIDA
	Miami, FL 33	3131		Same	
ARTICLE III	DIIDDOSE				
		ration is organized is:			
To teach ar	nd promote th	e Italian Language and (Culture.	. Organ	ization of Cultural Events, Public
	und Raising.				
ARTICLE IV	CUADEC				
		One Hundred (100) no pa	ır value	<u>!</u>	
ARTICLE_V	Title: Elica Oli	<i>FICERS AND/OR DIRECTO</i> verio President	<u>RS</u>	and Titl	Elisa Oliverio Vice President
Address:	825 Bric	kell Bay Dr. # 951	— Nain Addr	ess:	825 Brickell Bay Dr. # 951
	Miami_F	L 33131			Miami, FL 33131
					
Name and	Title: Flica Oli	verio Treasurer	Namo	e and Titl	c:Elisa Oliverio Secretary
Address:	825 Bric	kell Bay Dr. # 951	Addr	ess:	825 Brickell Bay Dr. # 951
			_		Miami, FL 33131
					
Name and	Title;		Name	e and Titl	e:
Address:			Addr	ess:	
	REGISTERE				
The <u>name and I</u> Name:	lorida street add Elisa O	ress (P.O. Box NOT acceptable)	of the regi	istered age	ent is:
Address:		ickell Bay Dr. # 951			
71200	Miami	FL 33131	_		
	•				
	INCORPORA ddress of the Inco				
Name:	Elisa O				
Address:	825 Bri	ckell Bay Dr. # 951			,
	Miami,	FL 33131			
Having been na	med as registered	agent to accept service of proce	ess for the	e above si	tated corporation at the place designated in
		and accept the appointment as re			
	= 0				01/06/004
	MY CH	d Signature/Registered Agent			01/26/2011
	(Require	ed Signature/Registered Agent			Date
I submit this do	cument and affir	m that the facts stated herein ar	re true. I	am awar	e that the false information submitted in a
document to the	Department of St	ate constitutes a third degree felo	ny as pro	vided for	in s.817.155, F.S.
$\boldsymbol{\varnothing}$	1,00 M	1000			01/26/2011
$\overline{}$	NT W	ired Signature/Incorporator			01/20/2011
	requ	area organicare/inteorporator			Date