



**COVER LETTER**

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

SUBJECT: SICILIAN FIRE  
(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: JOSEPH A. TORNELLO  
Name (Printed or typed)  
1710 SW 68<sup>TH</sup> AVENUE  
Address  
PLANTATION FL 33317  
City, State & Zip  
(954) 581-3211  
Telephone number  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY -2 PM 2:30

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:

SICILIAN FIRE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1710 SW 68th AVENUE  
PLANTATION FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOSEPH R. TORNELLO PRES

Name and Title:

Address:

1710 SW 68th AVENUE

Address:

PLANTATION FL 33317

Name and Title:

JOSEPH RUBINO V.P.

Name and Title:

Address:

853 NW 80 WAY

Address:

PLANTATION FL 33324

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

JOSEPH R. TORNELLO

Address:

1710 SW 68th AVENUE

PLANTATION FL 33317

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

JOSEPH R. TORNELLO

Address:

1710 SW 68th AVENUE

PLANTATION FL 33317

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

*[Handwritten Signature]*

Required Signature/Registered Agent

4/27/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

*[Handwritten Signature]*

Required Signature/Incorporator

4/27/2011  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA