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COVER LETTER

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

SUBJECT: Sell International Incorporated					
(PROPOSED CORPORAT	E NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status				
ł	ADDITIONAL COPY REQUIRED				
FROM: Fabio M. Galoppi Name (Printed or typed)					
9741 N.W. 31st Street					
Ac	ddress 7				
Doral , Florida 33172 City. S	tate & Zip				
305 853 8222 Daytime Tel	lephone number				
Fabios@bellsouth.net E-mail address: (to be used	mic N				

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 N The name of the corporate	MAME SELL INTERNATIONAL oration shall be:	INCORPORATED	
974	Principal street address 41 NW 31st Street ral, Florida 33172	Mailing address, if different is:	
	URPOSE the the corporation is organized is: vices to private and public companie	es who wish to expar	nd in the international
ARTICLE IV S. The number of shares	of stock is: 1.000	_	
Name and Title	WITIAL OFFICERS AND/OR DIRECTOR Fabio Galoppi President 9741 NW 31st Street Doral, Florida 33172	Name and Title:Address:	
Name and Title Address:	Roberto Galoppi Vice President 6984 NW 5th Court Margate Florida 33063	Address:	
Name and Title Address:		Address:	
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of Fabio Galoppi 9741 NW 31st Street Doral Florida 33172 ICORPORATOR		ZOIL MAY 25 P SECRETARY OF FALLIAHASSEE
The <u>name and address</u> Name: Address:	ss of the Incorporator is: Eablo_Galoppi 9741_NW 31st Street Doral Florida 3372		# 2: 30
Having been named of this certificate, I amfo	ns registered agent to accept service of process amiliar with and accept the appointment as regis Required Signature/Registered Agent	stered agent and agree to a	ration at the place designated in ct in this capacity Or / 20 / 20 / 1 Date
I submit this docume document to the Depa	nt and affirm that the facts stated herein are to riment of State constitutes a third degree felony Required Signature/Incorporator	true. I am aware that the	false information submitted in a 5, F.S. DS / L3 / 11 Date