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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

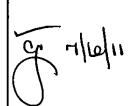
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## **COVER LETTER**

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

SUBJECT: AMALDI CO.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: Diana Thomas  Name (Printed or typed)				
845 Via Lido Nord	ddress	ÐIVI <b>20</b> 11		
Newport Beach, CA 92663 City, S	State & Zip	ECRETARY SION OF CO		
(949) 673 0098  Daytime Te	lephone number	OF STATE		
dianathomas2121@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 AMALDI CO.	DIVISION OF CORPORATION
The name of the co	rporation shall be:	
ARTICLE II	PRINCIPAL OFFICE	2011 JUL -5 PM 2: 3
AKTICED II	Principal street address	Mailing address, if different is:
8-	45 Via Lido Nord	
	ewport Beach, CA 92663	
_	<u> </u>	
ARTICLE III	PURPOSE	
	hich the corporation is organized is:	
• •	•	or which corporations may be incorporated under
	epartment of State Division of Corp	
tho rionda Be	partition of class biriolon of corp	oranono.
ARTICLE IV	SHARES	
The number of shar	res of stock is: 150 common class	
	INITIAL OFFICERS AND/OR DIRECT	MRS
		Name and Title:
Address:	845 Via Lido Nord	
	Newport Beach, CA 92663	
Name and Ti	tle: Christophor I. Thomas Vico F	Pres Name and Title:
Address:	845 Via Lido Nord	Address:
714410001	Newport Beach, CA 92663	
Name and Ti	410.	Name and Title
Address:	ue:	Name and Title:
Addiess.		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable	a) of the registered agent is:
Name:	Toni Latino	
Address:	1815 Hough St.	
	Fort Myers, FL 33901	<del></del>
	INCORPORATOR  Iress of the Incorporator is:	
Name:	Diana Thomas	
Address:	845 Via Lido Nord	<del></del>
	Newport Beach, CA 92663	
	•	
		ocess for the above stated corporation at the place designated in
this certificate, I an	· c //	registered agent and agree to act in this capacity
DILL	Latino  Required Signature/Registered A cent	~/,//
- Cons	Required Signature/Registered Agent	- // Date
	Required Signature/Registered Agent	) Date
		are true. I am aware that the false information submitted in a
document to the De	epartment of State co <b>nsti</b> tutes a third degree fo	elony as provided for in s.817.155, F.S.
	0().	
	Wara I wont	<u>6/27/2011</u>
	Required Signature/Incorporator	Date