Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	·	",	RETAIN NHASSI
	Division of Con	porations	ĭí∹
	Fax Number	: (850)617-6381	OF STA
From:			얼얼
	Account Name	: YOUR CAPITAL CONNECTION, INC.	A A A A A A A A A A A A A A A A A A A
	Account Number	: I20000000257	>′
	Phone	: (850)224-8870	
	Fax Number	: (850)222-1222	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address	
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## FLORIDA PROFIT/NON PROFIT CORPORATION TUGGANO, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help SEP 27 2011

COVER LETTER

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

SUBJECT:	TUGGANO, INCLUDE SUFFIX	
Enclosed are an	original and one (1) copy of the articles of incorporation and a check for:	
570.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status  \$78,75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM:	AYSE CEYDA BUECHELI Name (Printed or typed)	Ξ
	6350 PINETREE DRIVE	
	MiAMi BEACH, FE 33141 City, State & Zip	
	305 - 804 - 3064  Daytime Telephone number	
	E-mail address: (to be used for future annual report notification)	

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

والأعاد المعالم المعالمة المعامد المعالم المعا

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: TUGGANO, INC.
ARTICLE II PRINCIPAL OFFICE
Principal street address  6350  PINE + re Drive  Malling address, if different is:
MIAM BEACH, TT
ARTICLE III PURPOSE 33141
The purpose for which the corporation is organized is:
SELL BEACH BAGS
article IV Shares
The number of shares of stock is: / D O
ABTICLE IL TARTIAL OFFICEDE ANDIOD DIDECTORS . E. E.
Name and Title: AYSE CEYDA BUE CName and Title:
Address: Address:
6330 Pinetree Dr
M, AM; ARACH FI
Name and Title: 33141 Name and Title:
Address: Address;
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: AYSE CEYAA BUECHELE
Address: 6350 PINETREE DRIVE
MAMI BEACH TO 33141
ARTICLE VII INCORPORATOR '
The name and address of the Incorporator is:
Name: AYSECEYDA BUECHELE Address: 6330 PINETREE DRIVE, MIAMI, FL 33/4/
6330 PINET KEE DRIVE MIANI, PLONT
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 appoinment as registered agent and agree to act in this capacity
1/2010
1/25/2011
Required Signature Rogistared Agant Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a
document to the Deportment of State constitutes a third degree felony as provided for in s.817.155, F.S.
1/100 9/20/2011
1/23/01)
Required Menature/Incorporator Date