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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

RECEIVED APR 2 6 2012

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CAPRICCIO ON THE RIVER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

FILED
12 APR 26 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E 04/27/12

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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: CAPRICCIO ON THE RIVER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10805 NW 89TH TERRACE
BLDG 4 APT 210
MIAMI, FL 33178

Mailing address, if different is:
10805 NW 89TH TERRACE
BLDG 4 APT 210
MIAMI, FL 33178

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAURO VALENTINI (PRESIDENT)
Address: 10805 NW 89TH TERRACE
BLDG 4 APT 210
MIAMI, FL 33178

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: MAURO VALENTINI
Address: 10805 NW 89TH TERRACE BLDG 4 APT 210
MIAMI, FL 33178

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: MAURO VALENTINI
Address: 10805 NW 89TH TERRACE BLDG 4 APT 210
MIAMI, FL 33178

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

Required Signature of Registered Agent — Date: 04/25/2012

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 04/25/2012