Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

**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 LO NONNO, CORP.

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5/15/2012

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ARTICLES OF INCORPORATION

OF

LO NONNO, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

LO NONNO, CORP.

ARTICLE II

12 MAY 15 PH 12: 21
SEGNETAL OF STATE
TALLAHASSEE FLORIDA

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

LO NONNO, CORP.

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 A12 0001318783.

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The aggregate number of shares which the corporation shall have authority to issue is the total sum of 60 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ANGELO M.GIAMMARINO 27445 SW 142 AVENUE MIAMI,FL 33032

The principal office shall be:

MAY 15 PH 12: 2 GNC DAY'S DAY STAT LAHASSEE, FLORI

27445 SW 142 AVENUE MIAMI.FL 33032

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The initial Board of Directors shall consist of a total of FIVE (05) persons. and the name and address of the persons who are to serve as initial directors

ANGELO M.GIAMMARINO 27445 SW 142 AVE MIAMI ,FL 33032

PRESIDENT

ERNESTINA GIAMMARINO 27445 SW 142 AVE MIAMI,FL 33032

VICEPRESIDENT

CLAUDIO D. GIAMMARINO 27445 SW 142 AVE MIAMI ,FL 33032

SECRETARY

GABRIELA VILA 27445 SW 142 AVE

TREASURER

MIAMI,FL 33032

TREASURER

CARLOTA GIAMMARINO 27445 SW 142 AVE MIAMI,FL 33032

The name and address of the incorporator executing these Articles of Incorporation is

> ANGELO M.GIAMMARINO 27445 SW 142 AVE MIAMI,FL 33032

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 14 day of MAY, 2012

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H12 000 1318783.

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Florida. Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

LO NONNO, CORP.

2. The Name and Address of the registered agent and office is

ANGELO M.GIAMMARINO 27445 SW 142 AVE MIAMI,FL 33032

HAVING BEEN NAMED AS REGISTERED AGENT AND 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. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE XIngelo Fram
Dated: MAY 14,2012

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