

(Requestor's Name)					
		•			
(Ad	dress)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
	·				
(Do	cument Number)				
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Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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TO NAY 29 PH 12: 37

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COVER LETTER

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

SUBJECT:	SICILIAN F	ine p	ND GOLD	INC.	
	(PROPOSED CO	RPORAT	e name – <u>must inci</u>	LUDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of	f the artic	es of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of State	us	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	
FROM: _	Joseph 1710		TORNELLO Printed or typed) 68 th AVENUE Idress		
	PLANT	4-T10:	N, FL. 333	17	
PLANTATION FC. 33317 -City, State & Zip					
954-581-3211					
_	D:	aytime Tcl	ephone number		
	tooho	138 to	handle o yahi	oo.com	
-	NOTE: Please provid	•	· · ·	.	
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the con	NAME coration shall be: SICILIAN F	fire and Gold,	inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address 1710 5W UB - AVENUE PLANTIPATION, FL 33317		idress, if different is:
•	CAMFUL PURPOSE		
ARTICLE IV	s of stock is: (00 Initial officers and/or direct	ORS	
Address:	C. TOSEAU & TORNELLO + 1710 SW GBE AVENUE PRANTATION, FR. 3331	Address:	
Name and Titl Address:	c:	Address:	
Name and Titl Address:	c:	Name and Title:	
	REGISTERED AGENT Ida street address (P.O. Box NOT acceptable JOSAPH C. TOMAS LLO 1710 Sw. 68 = AJEAUS DANTATION, R. 3331		a. 2
	INCORPORATOR TOST of the Jacomorator is:		2 56
Name: Address:	JOSEPH L. TORNELLO 1700 SW 687 AVENUE PLANTATION FL. 333	<u>-</u> 17	29 F
Having been named this certificate, I am	as registered agent to accept service of pro- familiar with and accept the appointment as	cess for the above stated corpo registered agent and agree to ac	ration at the place designated in ct in this capacity
Y	Required Signature/Registered Agent	——————————————————————————————————————	X/VIFY DS W
I shbmit This docum document to the Dep	nent and affirm that the facts stated herein overthead of State constitutes a third degree fet	are true. I am aware that the joing as provided for in s.817.15	false information submitted in a 5, F.S.
×9_	Required Signature/Incorporator		Date 15/15/15/15/15/15/15/15/15/15/15/15/15/1