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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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
NEW SILCOM INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS RECEIVED
13 JUN 26 PM12:04 13 JUN 26 PM12:22

6/27/13

05/08/2031 01:03
JUN.25.2013 22:20

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ARTICLES OF INCORPORATION

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

#3036 P.002/003

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

New Silcom Inc

13 JUN 26 PM 12:04

ARTICLE II PRINCIPAL OFFICE

Principal street address

13501 SW 128 ST #103

Miami, FL 33186

Mailing address, if different is:

13501 SW 128 ST #103

Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business permitted in the

State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marzio Bonanni - D/Pres

Address: 1200 NE 183 ST #309

Miami, FL 33179

Name and Title: Marco Bonanni - D/VP

Address: Via Matteotti 55

59100 Prato (PO) Italy

Name and Title: Martina Bonanni - D/Treas

Address: Via Matteotti 55

59100 Prato (PO) Italy

Name and Title: Silvana Lenoci - Sec

Address: Via Matteotti 55

59100 Prato (PO) Italy

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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05/08/2031 01:03
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#3036 P.003/003
#2158 P.001
(cont.)

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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:

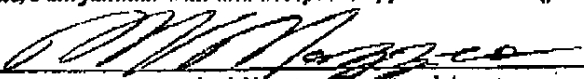
Name: B.V. Mazzeo & Co. CPAs P.A.
Address: 13501 SW 128 ST Ste #103
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

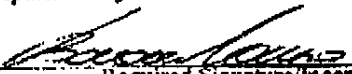
Name: Marzio Bonanni
Address: 1200 NE 183 ST #309
Miami, FL 33179

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 appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

06/25/2013
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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

06/25/13
Date

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