

NOV 7/2003 THU 11:47 FAX No. 00  
11/7/03  
P130000091475  
Florida Department of State  
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.**

((3 H13000247588))),fr



H130002475883ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

FILED  
13 NOV -7 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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, eo  
CUTOLO & COMPANY CORP**

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

RECEIVED

13 NOV -7 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/8

NOV/07/2013/THU 01:47 PM

FAX No.

P. 002

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

**ARTICLE I NAME**

The name of the corporation shall be: CUTOLO & COMPANY CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is

8814 W. FLAGLER STREET SUITE 207

MIAMI, FL 33174

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

200 SHARES PAR VALUE \$1.00 EACH  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GIUSEPPE CUTOLO. PD Name and Title: \_\_\_\_\_

Address: 8814 W. FLAGLER STREET Address: \_\_\_\_\_

APT 207

MIAMI, FL 33174

Name and Title: VINCENZO CUTOLO. VP Name and Title: \_\_\_\_\_

Address: 8814 W. FLAGLER STREET Address: \_\_\_\_\_

APT 207

MIAMI, FL 33174

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

NOV/07/2013/THU 01:47 PM

FAX No.

P. 003

(cont.)

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: GIUSEPPE CUTOLO  
Address: 8814 W. FLAGLER STREET APT 207  
MIAMI, FL 33174


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: GIUSEPPE CUTOLO  
Address: 8814 W. FLAGLER STREET APT 207  
MIAMI, FL 33174

FILED  
13 NOV -7 AM 11:31  
SECRETARY OF STATE  
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 am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 11/07/2013  
Required Signature/Registered Agent 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.*

 11/07/2013  
Required Signature/Incorporator Date