P14000058623

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 : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
ITALDAN CORP

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

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Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) H14000016289

(3)

ARTICLE I NAME
The name of the corporation shall be: Italdan Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

10164 SW 162 Place
Miami, FL. 33196

Mailing address, if different is:

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

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ARTICLE IV SHARES
The number of shares of stock is: 1,000 $1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Visona, PST
Address: 10164 SW 162 Place
Miami, FL. 33196

Name and Title: Kirsten Visona, D
Address: 10164 SW 162 Place
Miami, FL. 33196

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H14000016289

H14000016082

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: Appelrouth Consulting Corp

Address: 999 Ponce de Leon Blvd., Suite 625

Coral Gables, FL. 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos M. Farah

Address: 999 Ponce de Leon Blvd., Suite 625

Coral Gables, FL. 33134

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

_____ 01/20/14

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.

_____ 01/20/14

Required Signature/Incorporator Date

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TALLAHASSEE FLORIDA

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