

MAY 17 2014 THU 03:14 PM  
6/14

FAY  
Division of Corporations

001

**Florida Department of State**  
**Division of Corporations**  
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Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ITACLAIRE, INC**

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

FILED  
14 MAY -1 PM 2:25  
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TALLAHASSEE, FLORIDA

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5/2/14

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P. 002

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

14 MAY -1 PM 2: 25

**ARTICLE I NAME**  
The name of the corporation shall be: ITACLAIRE, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address

Mailing address, if different is:

16400 NE 17TH AVENUE SUITE 505  
NORTH MIAMI, FL 33162

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

**ARTICLE IV SHARES** 200 SHARES (TWO HUNDRED) PAR VALUE \$1.00  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>VINCENZO PERILLI PD</u>	Name and Title:	_____
Address	<u>16400 NE 17TH AVENUE SUITE 505</u>	Address:	_____
	<u>NORTH MIAMI, FL 33162</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

MAY/01/2014/THU 04:32 PM

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(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: VINCENZO PERILLI  
Address: 16400 NE 17TH AVENUE SUITE 505  
NORTH MIAMI, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VINCENZO PERILLI  
Address: 16400 NE 17TH AVENUE SUITE 505  
NORTH MIAMI, FL 33162

*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

05-01-14  
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

05-01-14  
Date

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