

P/4000070358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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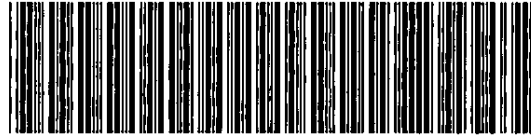
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: USA SUNGLASSES CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: THIAGO CAPRONI  
Name (Printed or typed)

901 16TH ST UNIT 3  
Address

MIAMI BEACH, FL, 33139  
City, State & Zip

347-706-8809  
Daytime Telephone number

USASUNGLASSES200@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: USA SUNGLASSES CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

901 16TH ST UNIT 3  
MIAMI BEACH, FL  
33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INTERNET SALES FOR PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: THIAGO CARRONI C.E.O. Name and Title: \_\_\_\_\_

Address: 901 16TH ST UNIT 3 Address: \_\_\_\_\_  
MIAMI BEACH, FL  
33139

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

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

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

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

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COURT  
HALL OF RECORDS, TAMPA

(conti.)

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: THIAGO CAPRONI  
Address: 901 16TH ST UNIT 3  
MIAMI BEACH, FL, 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: THIAGO CAPRONI  
Address: 901 16TH ST UNIT 3  
MIAMI BEACH, FL, 33139

*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*

Thiago Caproni  
Required Signature/Registered Agent

08/11/2014  
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.*

Thiago Caproni  
Required Signature/Incorporator

08/11/2014  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA