P15000005571

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(0), (0), (7), (7)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(During Frank Alberta)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Constitution to Ellis Office				
Special Instructions to Filing Officer:				
j				

Office Use Only



800267693418

15 JAN 21 AM 8: 36

FILED SECRETARY OF STATE VISION OF CORPORATION:

NEOFIVED

2 01/22/15

ACCOUNT NO. : I2000000195				
REFERENCE: 467819 7824765				
AUTHORIZATION :				
COST LIMIT: \$70.00				
ORDER DATE : January 21, 2015				
ORDER TIME : 9:54 AM				
ORDER NO. : 467819-005				
CUSTOMER NO: 7824765				
DOMESTIC FILING				
NAME: ERMANNO MIAMI, INC.				
EFFECTIVE DATE:				
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Courtney Williams - EXT. 62935				
EXAMINER'S INITIALS:				

. 🚓

COVER LETTER

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

SUBJECT: Erm	nanno Miami, Inc.				
SUBJECT.	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INC</u> L	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe		S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Name	(Printed or typed)			
	Altieri Esposito & Minoli PLLC, 420 F				
	Address				
	New York, NY 10018				
	City, State & Zip				
	212-596-7403				
	Daytime Telephone number				
	eminoli@aem-law.com				
	E-mail address: (to be use	d 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)

TICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:
Altieri Espos	sito & Minoli PLLC		
) Fifth Avenu	ue, 26th Floor		
w York, NY 1	10018		***************************************
	PURPOSE which the corporation is organized is:	siness	
			
			-
TICLE IV	SHADES		
TICLE V	INITIAL OFFICERS AND/OR DIRECTO		Loonardo Vannini, Prosident
number of sha TICLE V Name an	INITIAL OFFICERS AND/OR DIRECTO and Title: c/o Altiert Esposito & Minoli PLLC	Name and Title	Leonardo Vannini, President
number of sha	INITIAL OFFICERS AND/OR DIRECTO and Title: c/o Altiert Esposito & Minoli PLLC		Loonardo Vannini, Prosident
number of sha TICLE V Name an	INITIAL OFFICERS AND/OR DIRECTO and Title: Leonardo Vannini, Director c/o Altieri Esposito & Minoli PLLC	Name and Title	Leonardo Vannini, President c/o Altleri Esposito & Minoli PLLC
number of sha TICLE V Name an	INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO Cond Title: Leonardo Vannini, Director c/o Altieri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 Leonardo Vannini, Treasurer	Name and Title Address:	Leonardo Vannini, President c/o Altleri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 Fugenio Minoli, Secretary
number of sha TTCLE V Name an Address	INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO Cond Title: Leonardo Vannini, Director Cond Altieri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 d Title: Cond Altieri Esposito & Minoli PLLC Cond Altieri Esposito & Minoli PLLC	Name and Title Address: Name and Title	Leonardo Vannini, President c/o Altleri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 Fugenio Minoli, Secretary
number of sha TTCLE V Name an Address	INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO Cond Title: Leonardo Vannini, Director Cond Altieri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 d Title: Cond Altieri Esposito & Minoli PLLC Cond Altieri Esposito & Minoli PLLC	Name and Title Address:	Leonardo Vannini, President c/o Altleri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 Eugenio Minoli, Secretary
number of sha TTCLE V Name an Address	INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO Leonardo Vannini, Director c/o Altieri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 d Title: Leonardo Vannini, Treasurer c/o Altieri Esposito & Minoli PLLC	Name and Title Address: Name and Title	Leonardo Vannini, President c/o Altleri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 Eugenio Minoli, Secretary c/o Altleri Esposito & Minoli PLLC
number of sha TTCLE V Name an Address Name and	INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO INITIAL OFFICERS AND/OR DIRECTO Cond Title: Leonardo Vannini, Director 420 Fifth Avenue, 26th Floor New York, NY 10018 d Title: Leonardo Vannini, Treasurer cond Altieri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor	Name and Title Address: Name and Title Name and Title Address:	Leonardo Vannini, President c/o Altleri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018 Eugenio Minoli, Secretary c/o Altieri Esposito & Minoli PLLC 420 Fifth Avenue, 26th Floor New York, NY 10018

SECRETARY OF STATE DIVISION OF CORPORATIONS
TION:

Name an	Title: \mathcal{h}	lame and Title:
Address	A	Address:
	·	
		·
ARTICLE VI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name:	Corporation Service Company	∵ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
Address:	[201 Hays Street	JAN 2
	Tallahassee, FL 32301	A
ARTICLE VII	INCORPORATOR	œ §
The name and ad	dress of the Incorporator is:	3 6
Name:	Eugenio Minoli	
Address:	420 Fifth Avenue, 26th Floor	
	New York, NY 10018	
Having been nan this certificate, I de Corporation Se By: WOO!	ed as registered agent to accept service of process form familiar with and accept the appointment as registervice Company Madonna/Malinowsk	r the above stated corporation at the place designated in ered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are tru epartment of State constitutes a third degree felony a	e. I am aware that the false information submitted in a sprovided for in s.817.155, F.S.
	90 -	1/21/15
	Required Signature/Incorporator	/ Date