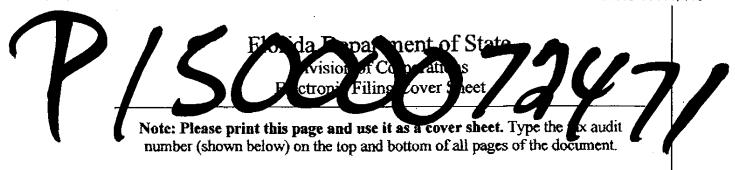
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future & annual report mailings. Enter only one email address please.

Simpa I	Addrage -			

FLORIDA PROFIT/NON PROFIT CORPORATION ITALY'S TRANSPORTATION INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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S. GILBERT

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Corporate Filing Menu

Help

H15000212263

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

ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
13401 SW 52 ST		
Minni A 33175		
<u> </u>		
ARTICLE III SHARES: The number of shares of stock is:	SET TO A	ა
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		AL II
BRUND Pulcini (P)		ж Е
•		
		
		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	EESS:	
The name and Florida street address (PO Box not acceptable) of the registered above and Pulcini		
The name and Florida street address (PO Box not acceptable) of the registered and Bruno Pulcini 13401 SW 525+		
The name and Florida street address (PO Box not acceptable) of the registered above and Florida street address (PO Box not acceptable) of the registered above and Florida street address (PO Box not acceptable) of the registered above acceptable and Florida street address (PO Box not acceptable) of the registered above acceptable and Florida street address (PO Box not acceptable) of the registered above acceptable and Florida street address (PO Box not acceptable) of the registered acceptable and Florida street address (PO Box not acceptable) of the registered acceptable accept		
The name and Florida street address (PO Box not acceptable) of the registered and Bruno Pulcini 13401 SW 52S+ Miami FL 33175	agent is:	
The name and Florida street address (PO Box not acceptable) of the registered and Bruno Pulcini 13461 SW 52 S+ Miami FL 33175 ARTICLE VI INCORPORATOR: The name and address of the Incorporation	agent is:	
The name and Florida street address (PO Box not acceptable) of the registered and Bruno Pulcini 13401 SW 52S+ Miami FL 33175	agent is:	

Required Signatures:

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

Registered Agent

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.

Incomparator

Date