## F16000065795

| (Re                     | equestor's Name)     |                |
|-------------------------|----------------------|----------------|
| (Ad                     | ldress)              |                |
| (Ad                     | ldress)              |                |
| (Ci                     | ty/State/Zip/Phone # | <del>(</del> ) |
| PICK-UP                 | ☐ WAIT               | MAIL           |
| (Bu                     | usiness Entity Name  | e)             |
| (Do                     | ocument Number)      |                |
| Certified Copies        | _ Certificates o     | of Status      |
| Special Instructions to | Filing Officer:      |                |
|                         |                      |                |
|                         |                      |                |
|                         |                      |                |
|                         |                      |                |

Office Use Only



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08/01/16--01021--017 \*\*70.00

SECRETARY OF STAYE ALLAHASSEE FLORING

2016 AUG-1 AM 9: 2

## **COVER LETTER**

FORTUNA INVESTMENT MANAGEMENT INC.

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

| SUBJECT:              | (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) |  |   |  |
|-----------------------|---|--|---|--|
| Enclosed are an orig  | inal and one (1) copy of the arti               | cles of incorporation and                          | d a check for:  |  |
| \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status    | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |  |
| FROM:                 | Riccar  | do Margaritelli                                    |   |  |
| - KOW.                | Name (Printed or typed)                         |  |   |  |
|                       | 7730 Coquina Drive                              |  |   |  |
|                       | Address   |  |   |  |
|                       | North Bay Village, FL 33141                     |  |   |  |
|                       | City,   | State & Zip  |   |  |

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

Kiccardo M876 Gmail - Com E-mail address: (to be used for future annual report notification)

305-586-9108

Daytime Telephone number

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

| he name of the corpor   |  |                                   |   |
|---|--|-----------------------------------|---|
| ARTICLE II PRIN   | ICIPAL OFFICE<br>Principal <u>street</u> address   | Mailing                           | address, if different is:                 |
| 7730 Coquina Drive  |  |                                   |   |
| North Bay Village, FI   | . 33141  |                                   |   |
| ARTICLE III PURI  | POSE I the corporation is organized is: Selection of the corporation o | 4 Employment Tous                 | for InDependent                           |
|   |  |                                   |   |
|   |  |                                   | 2016<br>PALL                              |
|   |  |                                   |   |
| The number of shares of shares of shares of the shares of | of stock is: 1,000  IAL OFFICERS AND/OR DIRECTORS  Riccardo Margaritelli   | Nome and Title                    | G-I AM 9: 26 TARY OF STATE ASSEE: FLORIBL |
| ARTICLE V INIT  | of stock is: 1,000  IAL OFFICERS AND/OR DIRECTORS  Riccardo Margaritelli   | Name and Title:                   | -1 AH 9: 2                                |
| The number of shares of shares of shares of the shares of | of stock is:   | · · ·                             | -1 AM 9: 26 ARY OF STATE SSEE: FLORID     |
| The number of shares of ARTICLE V INIT.  Name and Tit  Address  | AL OFFICERS AND/OR DIRECTORS  Riccardo Margaritelli  7730 Coquina Drive  | Address:                          | -1 AM 9: 26 ARY OF STATE SSEE: FLORID     |
| The number of shares of ARTICLE V INIT.  Name and Tit  Address  | IAL OFFICERS AND/OR DIRECTORS  tle:  7730 Coquina Drive  North Bay Village, FL 33141   | Address:                          | -1 AM 9: 26 ARY OF STATE SSEE: FLORID     |
| The number of shares of ARTICLE V INITAL Name and Tite Address  Name and Tite Address   | AL OFFICERS AND/OR DIRECTORS  Riccardo Margaritelli  7730 Coquina Drive  North Bay Village, FL 33141   | Address: Name and Title: Address: | -1 AM 9: 26 ARY OF STATE SSEE: FLORID.    |

| Name a                        | and little;   | Name and Title:  |
|-------------------------------|---|--|
| Addre                         | ess   | Address:   |
|                               |   |  |
| RTICLE VI<br>e name and       | REGISTERED AGENT Florida street address (P.O. Box NOT acc | ceptable) of the registered agent is:  |
| ame:                          | Riccardo Margaritelli                                     | 2016   |
| ldress:                       | 7730 Coquina Drive  | LO 5   |
|                               | North Bay Village, FL 33141                               | AUG -1   |
| TICLE VII                     | INCORPORATOR  | AH 9.  |
| e <u>name and</u>             | address of the Incorporator is:                           | 26 26  |
| Name:                         | Kiccarros Margori<br>7430 Coquina D                       | <del>70111</del>   |
| Address:                      | North Ber Village 1                                       | <u>V.                                     </u>   |
|                               | North Dry Village, +                                      | <u>PL 3</u> 3141   |
| fective date,<br>an effective |   | . (OPTIONAL) and cannot be more than five business days prior or 90 business   |
| ys after the                  | -   | applicable statutory filing requirements, this date will not be listed as a  |
|                               | effective date on the Department of State's               |  |
|                               |   | of process for the above stated corporation at the place designated ment as registered agent and agree to act in this capacity |
| • ,                           |   | 4-78-16  |
|                               | Required Signature/Registered A                           | Agent Date   |
|                               |   | herein are true. I am aware that the false information submitted in a  |
| cument to the                 | e Department of State constitutes a third de              | egree felony as provided for in s.817.155, F.S.  |
|                               | uired Signature/Incorporator                              | 7-28-16<br>Date  |