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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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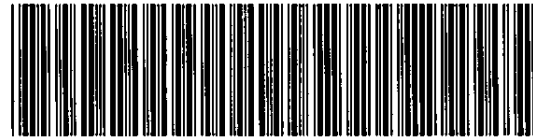
(Business Entity Name)

(Document Number)

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

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17 APR 24 PM 2:28  
CLERK OF DISTRICT COURT  
DALLAS COUNTY TEXAS

D O'KEEFE

APR 27 2017

## COVER LETTER

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

SUBJECT: SHINNY STONES CO.  
(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: DANIEL FIORILLO  
Name (Printed or typed)  
16751 N.E. 9th AVENUE, STE 403  
Address  
NORTH MIAMI BEACH, FL 33162  
City, State & Zip  
954-394-9661  
Daytime Telephone number  
daniel.fiorillo@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: SHINNY STONES CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16751 N.E. 9th AVENUE, STE 403  
NORTH MIAMI BEACH, FL 33162

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: DANIEL FIORILLO - P  
Address: 16751 N.E. 9th AVENUE, STE 403  
NORTH MIAMI BEACH, FL 33162

Name and Title: VICTOR CASILLO - VP/SECT.  
Address: 6415 COWPEN ROAD, STE L-108  
MIAMI LAKES, FL 33014

Name and Title: MARIA NEVES - VP  
Address: 16751 N.E. 9th AVENUE, STE 403  
NORTH MIAMI BEACH, FL 33162

Name and Title: MARIA L. FIORILLO - VP  
Address: 6415 COWPEN ROAD, STE L-108  
MIAMI LAKES, FL 33014

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

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

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17 APR 24 PM 2:28  
CLERK  
MIAMI LAKES, FL 33014

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: DANIEL FIORILLO  
Address: 16751 N.E. 9th AVENUE, STE 403  
NORTH MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: DANIEL FIORILLO  
Address: 16751 N.E. 9th AVENUE, STE 403  
NORTH MIAMI BEACH, FL 33162

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4/14/2017  
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

4/14/2017  
Date