

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**TUTTOCAMMINA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**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:

TUTTOCAMMINA CORP

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6039 COLLINS AVE #537

MIAMI BEACH, FL 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

Name and Title: FIORENZO TRUNZO / P.S.T

Name and Title:

Address 6039 COLLINS AVE #537

Address:

MIAMI BEACH, FL 33140

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FIorenzo TRUNZO  
Address: 6039 COLLINS AVE #537  
MIAMI BEACH, FL 33140

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: FIorenzo TRUNZO  
Address: 6039 COLLINS AVE #537  
MIAMI BEACH, FL 33140

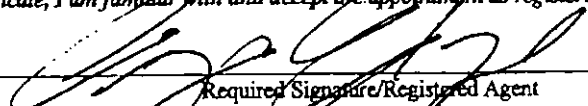
**ARTICLE VIII EFFECTIVE DATE:**

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.

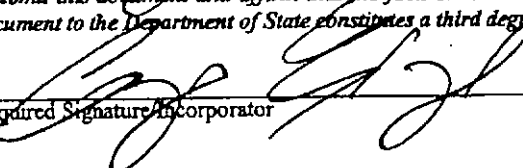
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

03/24/2022

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

03/24/2022

Date

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