

P24000036025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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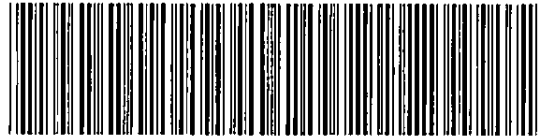
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

AS

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/30/2024  
Acc#I20160000072

*en: c DW*

|             |                          |
|-------------|--------------------------|
| Name:       | LILLO24 INVESTMENT CORP. |
| Document #: |                          |
| Order #:    | 15599290                 |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
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| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
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Email Address for Annual Report Notifications:

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| Availability _____  |
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| Examiner _____      |
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| Verifier _____      |
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| Ref# _____          |

Amount: \$ **78.75**

Thank you!

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TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** LILLO24 INVESTMENT CORP.

(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:** LUCA MARCO GIRALDIN

Name (Printed or typed)

MEPLAW, 12 SE 7th Street, Ste 704

Address

FORT LAUDERDALE, FL 33301

City, State & Zip

+1 (212) 202-2481

Daytime Telephone number

desk@mepamerica.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FL

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**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: LILLO24 INVESTMENT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12 SE 7th Street, Ste 704

Fort Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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: ELENA ROMAGNOLI, President

Address: VIA DELLA MOSCOVA, 58  
20121 MILANO, MI  
ITALY

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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: C T Corporation System \_\_\_\_\_

Address: 1200 South Pine Island Road Plantation, \_\_\_\_\_

FL 33324 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Luca Marco Giraldin \_\_\_\_\_

Address: MEPLAW, 12 SE 7th Street, Ste 704 \_\_\_\_\_

Fort Lauderdale, FL 33301 \_\_\_\_\_

**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*

By: Nichole McCroy Nichole McCroy, Assistant Secretary  
Required Signature/Registered Agent

5/29/2024  
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

5/29/2024  
Date