

P99000107031

TRANSMITTAL LETTER

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

300003066103--4  
-12/09/99--01098--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** Incinelli Financial Group, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM** Victor J. Incinelli  
Name (Printed or typed)  
  
1031 W. Morse Blvd. Suite 200  
Address  
  
Winter Park, FL 32789  
City, State & Zip  
  
407-644-7455  
Daytime Telephone number

FILED  
1999 DEC -9 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED

1999 DEC -9 PM 2:25

ARTICLES OF INCORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Incinelli Financial Group, Inc.

ARTICLE II PRINCIPAL OFFICE

1031 W. Morse Blvd.  
Suite 200  
Winter Park, FL 32789

ARTICLE III SHARES

100


ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Victor J. Incinelli  
1031 W. Morse Blvd.  
Suite 200  
Winter Park, FL 32789

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Victor J. Incinelli  
1031 W. Morse Blvd.  
Suite 200  
Winter Park, FL 32789

  
\_\_\_\_\_  
Signature / Incorporator

12-6-99  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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

12-6-99  
\_\_\_\_\_  
Date