

P10000091220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

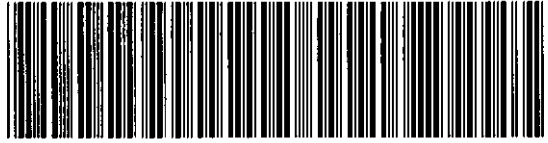
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184053446

11/08/10--01037--010 **87.50

2010 NOV - 8 A 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

dec 4/15

COVER LETTER

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

SUBJECT: LEONARDO CORPORATION
(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 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: ANDREA ROSSI
Name (Printed or typed)

1331 LINCOLN ROAD, APT 505
Address

MIAMI BEACH, FL. 33139
City, State & Zip

✓ 603-487-5192
Daytime Telephone number

✓ JRTAXX@AOL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV - 8 A 8:26

FILED

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: LEONARDO CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
1331 LINCOLN RD, APT 505
MIAMI BEACH, FL. 33139

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURE AND SALE OF ENERGY RELATED PRODUCTS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREA ROSSI, PRES.
Address: 1331 LINCOLN RD, APT 505
MIAMI BEACH, FL 33139

Name and Title: ANDREA ROSSI, DIRECTOR
Address: 1331 LINCOLN RD, APT 505
MIAMI BEACH, FL. 33139

Name and Title: JAMES R. TRAVIS, SECTY
Address: 8 TOWN FARM ROAD
NEW BOSTON, NH 03070

Name and Title: JAMES R. TRAVIS DIRECTOR
Address: 8 TOWN FARM RD
NEW BOSTON, NH 03070

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANDREA ROSSI
Address: 1331 LINCOLN RD, APT 505
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREA ROSSI
Address: 1331 LINCOLN RD, APT 505
MIAMI BEACH, FL 33139

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

Andrea Rossi ANDREA ROSSI ✓ 11/3/10
Required Signature/Registered Agent 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.

Andrea Rossi ANDREA ROSSI ✓ 11/3/10
Required Signature/Incorporator Date

FILED
2010 NOV - 8 A 8: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA