

FEIN 90-0780933

# *State of Florida*

## *Department of State*

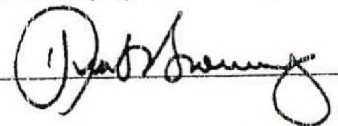
I certify from the records of this office that LEONARDO CORPORATION is a corporation organized under the laws of the State of Florida, filed on November 8, 2010.

The document number of this corporation is P10000091220.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on April 29, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Twenty First day of December, 2011*



*Secretary of State*



Authentication ID: 200215411052-122111-P10000091220

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

1-510-637-2427  
1-801-620-5380

W  
FAX#



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2010

ANDREA ROSSI  
1331 LINCOLN ROAD, APT 505  
MIAMI BEACH, FL 33139

change  
4 months  
1 month  
35  
Cont  
C. H. J. Salinas

The Articles of Incorporation for LEONARDO CORPORATION were filed on November 8, 2010 and assigned document number P10000091220. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: Compliance with the following procedures is essential to maintaining your corporate status. Failure to do so may result in dissolution of your corporation.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to [www.irs.gov](http://www.irs.gov).

Should your corporate mailing address change, you must notify this office in writing, to insure important mailings such as the annual report notices reach you.

Should you have any questions regarding corporations, please contact this office at (850) 245-6913.

Diane Cushing, Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 210A00026438

1-800-829-4933  
101  
REF#

### 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  
✓ 603-487-5792  
Daytime Telephone number  
✓ JRTAXX@aol.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:

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, SECRETARY

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

Required Signature/Registered Agent

11/3/10

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

Required Signature/Incorporator

11/3/10

Date

Article V: The names, address and titles of the Directors/Officers (optional). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and Florida Street address (P.O. Box NOT acceptable) of the initial Registered Agent. The Registered Agent must sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator must sign in the space provided and type or print his/her name below signature.

The "incorporator" is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.

**An Effective Date:** Add a separate article if applicable or necessary: An effective date may be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing). If a corporation is filed anytime prior to December 31<sup>st</sup>, an annual report will be due on January 1<sup>st</sup>.

**Important Information About the Requirement to File an Annual Report**

All Florida Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$150. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

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**The fee for filing a profit corporation is:**

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

**Make checks payable to: Florida Department of State**

**Mailing Address:**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

**Street Address:**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6052

P10000091220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

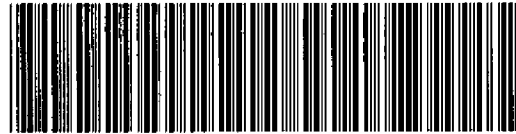
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA