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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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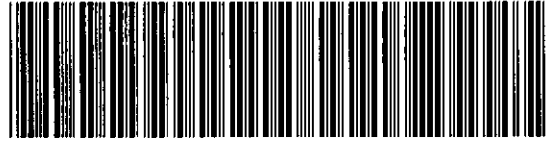
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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)

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TALLAHASSEE, FLORIDA

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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: 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

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