

P23000017227

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Office@eflatinaccounting.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
NATMA CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: NATMA 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: E&F LATIN GROUP LLC
Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109
Address

WESTON FL 33326
City, State & Zip

9543848565
Daytime Telephone number

DIEGO@EFLATINACCOUNTING.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 NAMEThe name of the corporation shall be: NATMA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address10993 NW 48TH LNDORAL FL 33178

Mailing address, if different is:

10993 NW 48TH LNDORAL FL 33178**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: IVAN S. BERNAL GARCIA - PAddress: 10993 NW 48TH LNDORAL FL 33178Name and Title: CARMEN P. PADRON - VPAddress: 10993 NW 48TH LNDORAL FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: E&F LATIN GROUP LLC
Address: 1820 N CORPORATE LAKES BLVD SUITE 109
WESTON, FL 33326

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: E&F LATIN GROUP LLC
Address: 1820 N CORPORATE LAKES BLVD SUITE 109
WESTON, FL 33326

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

Diego Figueroa 03/06/2023
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.

Diego Figueroa 03/06/2023
Required Signature/Incorporator Date