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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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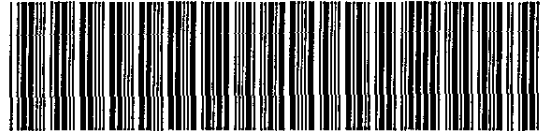
(Business Entity Name)

(Document Number)

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02 DEC -9 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/8/1

TRANSMITTAL LETTER

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

SUBJECT: NSG MANAGEMENT CORPORATION
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: SERGIO GARNICA
Name (printed or typed)

7812 NW 40th ST

Address

CORAL SPRINGS, FL 33065

City, State & Zip

954-818-2776

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

NSG MANAGEMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*c/o SERGIO GARNICA
7812 NW 40TH ST.
CORAL SPRINGS, FL. 33065*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*GLADYS GARNICA
7812 NW 40TH ST.
CORAL SPRINGS, FL. 33065*

ARTICLE V INCORPORATOR

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

*SERGIO GARNICA
7812 NW 40TH ST
CORAL SPRINGS, FL 33065*


Signature/Incorporator

12/04/02
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

12/04/02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA