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CLERK OF STATE
TALLAHASSEE, FLORIDA

07-06-04
12

TRANSMITTAL LETTER

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

SUBJECT: NYAL LABORATORIES, INC. NYA

(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: NYA LABORATORIES, INC.

Name (Printed or typed)

6105 SW 8 ST.

Address

MIAMI, FL. 33144

City, State & Zip

305-223-5458

Daytime Telephone number

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:
NYAL LABORATORIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
6105 SW 8 ST.
MIAMI, FL. 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
EXPORT MEDICINE

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOSEFA A. LESMES	President	} 6105 SW 8st Miami, FL. 33144
EVA L. VEULENS	Treasurer	
JOSE AGUIAR	Secretary	

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOSEFA A. LESMES
6105 SW 8 ST.
MIAMI, FLA. 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEFA A. LESMES
6105 SW 8 ST.
MIAMI, FL. 33144

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

X Josefa A. Lesmes
Signature/Registered Agent/Incorporator

X 6/21/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA