# 804000111659

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# TRANSMITTAL LETTER

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

SUBJECT: FRIDA NICTE O		CORPORATION	
Enclocheck for:	osed are an origi	nal and one (1) copy of the article	es of incorporation and a
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate Status	X \$78.75 Filing Fee & Certificate Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL	COPY REQUIRED
	FROM:	Joel Deaquino Carrera	
		Name (Printed or typed)	
		5235 28 <sup>th</sup> PL SW #B Address	<u> </u>
		Naples, FL 34116 City, State & Zip	and the second
	<u></u>	(239) 595-8761	
		Daytime Telephone Number	

# ARTICLES OF INCORPORATION

The underside 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:

FRIDA NICTE CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

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

5235 28<sup>TH</sup> PL SW #B NAPLES, FL 34116

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED(100) SHARES

# ARTICLE IV INITIAL REGISTER AGENT AND STREET ADDRESS

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

JOEL DEAQUINO CARRERA 5235 28<sup>TH</sup> PL SW #B NAPLES, FL 34116

# ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

JOEL DEAQUINO CARRERA{PRESIDENT} 5235 28<sup>TH</sup> PL SW #B NAPLES, FL 34116

# ARTICLE VI INCORPORATOR

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

JOEL DEAQUINO CARRERA 5235 28<sup>TH</sup> PL SW #B NAPLES, FL 34116

Signaturé/Incorporator

Date

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

Date