

# POS0000079812

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

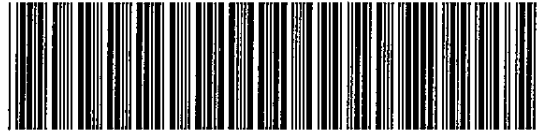
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500054663915

06/02/05--01023--022 \*\*78.75

**FILED**  
05 JUN -2 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton JUN 03 2005

## TRANSMITTAL LETTER

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

SUBJECT: NUSSI, INC.

**(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: MARTIN E CHAVEZ

Name (Printed or typed)

819 SW HAMBERLAND AVE

Address

PORT SAINT LUCIE, FL. 34953

City, State & Zip

(772) 631-3627

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:

NUSSI, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

819 S.W. HAMBERLAND AVE.  
PORT SAINT LUCIE, FL. 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

IMPORT,EXPORT, RETAIL & BUSINESS SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MARTIN E CHAVEZ - PRES.  
819 S.W. HAMBERLAND AVE.  
PORT SAINT LUCIE, FL. 34953

NATHALIE CHAVEZ  
819 S.W. HAMBERLAND AVE.  
PORT SAINT LUCIE, FL. 34953

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARTIN CHAVEZ  
819 S.W. HAMBERLAND AVE.  
PORT SAINT LUCIE, FL. 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARTIN CHAVEZ  
819 S.W. HAMBERLAND AVE.  
PORT SAINT LUCIE, FL. 34953

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FILED

05 JUN -2 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA