

P05000164599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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12/19/05--01018--018 **78.75

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05 DEC 19 PM 12:59
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: NEULER MACIEL INC.
Name (Printed or typed)

909 SW 15 STREET #109
Address

POMPANO BEACH FLORIDA 33060
City, State & Zip

954-461-0471
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:

NEUL ER MACIEL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

909 SW 15 STREET #109
POMPAÑO BEACH FLORIDA 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO BUSSINESS IN THE STATE OF FLORIDA

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):

NEUL ER MACIEL DIRECTOR
909 SW 15 STREET #109
POMPAÑO BEACH FLORIDA 33060

ARTICLE VI REGISTERED AGENT

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

NEUL ER MACIEL
909 SW 15 STREET #109
POMPAÑO BEACH FLORIDA 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NEUL ER MACIEL
909 SW 15 STREET #109
POMPAÑO BEACH FLORIDA 33060

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Neul er Maciel DIRECTOR
Signature/Registered Agent

Neul er Maciel
Signature/Incorporator

12/13/2005

Date

12/13/2005

Date

FILED
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TALLAHASSEE, FLORIDA