

P07000032118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR -9 PM 1:34

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COVER LETTER

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

SUBJECT: NILE HOME IMPROVEMENT 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: DALJEET DEV
Name (Printed or typed)
270 CASTLEBERRY ROAD
Address
JACKSONVILLE, FL. 32218
City, State & Zip
703-475-5851 / 904 305 1999
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:

NILE HOME IMPROVEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

270 CASTLEBERRY ROAD
JACKSONVILLE, FL. 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO HOME RENOVATION BUSINESS

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):

DALJEET DEV (PRESIDENT) (DIRECTOR)
270 CASTLEBERRY ROAD
JACKSONVILLE FL. 32218

ARTICLE VI REGISTERED AGENT

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

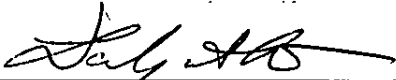
DALJEET DEV
270 CASTLEBERRY ROAD
JACKSONVILLE, FL. 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~NEED~~ DALJEET DEV
270 CASTLEBERRY ROAD
JACKSONVILLE FL. 32218

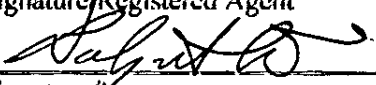
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

Date

2-28-07



Signature/Incorporator

Date

2/28/07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA