

P07000133658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 20 PM 2:34

EP 12/20/07

W07000058356

## COVER LETTER

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

SUBJECT: Negron Management, Corp.

(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: Edelvis Negron

Name (Printed or typed)

7612 SW 128 Place

Address

Miami, FL 33183

City, State & Zip

786-346-2774

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2007

EDELVIS NEGRON  
7612 SW 128 PLACE  
MIAMI, FL 33183

SUBJECT: NEGRON MANAGEMENT, CORP.  
Ref. Number: W07000058356

We have received your document for NEGRON MANAGEMENT, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

We do not need the percent only the shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 107A00067984

# **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:

Negron Management, Corp.

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7612 SW 128 Place

Miami, FL 33183

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Property Mangement

## **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):

Edelvis Negron  
7612 SW 128 Place  
Miami, FL 33183

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS

**ARTICLE VI REGISTERED AGENT**

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

Edelvis Negron  
7612 SW 128 Place  
Miami, FL 33183


**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Edelvis Negron  
7612 SW 128 Place  
Miami, FL 33183

\*\*\*\*\*

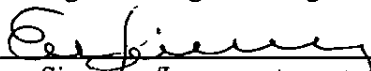
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



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

11/27/07

\_\_\_\_\_  
Date



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

11/27/07

\_\_\_\_\_  
Date