P08000035765

	(Request	tor's Name)		
	(Address	s)		
	(Address	5)		
	(City/Sta	te/Zip/Phone	#)	
PICK-L	P [WAIT .		MAIL
	(Busines	s Entity Nam	ne)	
	(Docume	ent Number)		
	(·		
Certified Copies		Certificates	of Sta	atus
Special Instruction	s to Filing	Officer:		
Tula +	ernai	des		
AUTHORIZA NO		No.	_	
DATE	100	J.K.	-	
DOC TOLAN M	7/8/0	X	End3	
Ser de sales ford	The same		re-	

Office Use Only



100122252711

04/07/08--01051--016 ++87.50

OB APR -7 PM 2:52
SECRETARY OF STATE
SECRETARY OF STATE

MR4/8

COVER LETTER

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

SUBJECT: NVFDE	7 Inc		
SUBJECT: MIDE	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Nile	a Victoria Fernandez Name ((Printed or typed)	
	9015 SW 125 Avenue #N102	Address	
	Miami, Florida 33186 City,	State & Zip	
	305-595-8982 Daytime T	elephone 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:

NVFDEZ, Inc.

09 APR -7 PM 2: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is:

9015 SW 125 Avenue #N102, Miami, Florida 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To become a virtual service provider corporation. Providing virtual customer service.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nila V. Fernandez, 9015 SW 125 Avenue N102 Miami, Fl. 33186, Owner President Ivette M. Martinez, 9015 SW 125 Avenue N102 Miami, Fl. 33186, Director Carolyn A. Marti, 9015 SW 125 Avenue N102 Miami, Fl. 33186, Director

ARTICLE VI REGISTERED AGENT

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

Nila V. Fernandez, 9015 SW 125 Avenue N102 Miami, Florida 33186

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Nila V. Fernandez, 9015 SW 125 Avenue N102 Miami, Florida 33186

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

Daté