

## Florida Department of State

**Division of Corporations** Public Access System

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## FLORIDA PROFIT/NON PROFIT CORPORATION

NURSY SAHILY'S CORP.

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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T. Bursh OCT 2 8 2009

## H09000228817

#### ARTICLES OF INCORPORATION

The undersigned (ncorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. 2009 OCT 27 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### <u>ARTICLE I – NAME</u>

The name of the corporation shall be:

Nursy Sahily's Corp.

#### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

9619 Fontainebleau BIVD APT 316 Miami, FL 33172

## ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# <u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> ADDRESS

The name and address of the initial registered agent is:

Sahily Escalar 9619 Fontainebleau BLVD APT316 Miami, FL 33172

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FROM : LAZARUS

Oct. 27 2009 10:53AM P3

# H09000228817

#### ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Sahily Escalar 9619 Fontainebleau BIVD Apt 316 Miami, Fl 33172

The undersigned incorporator has executed these Articles of Incorporation this day of October 2009...

**ARTICLE VI-DIRECTOR (S)** 

lignature

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Sahily E. Escalar (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature