710000099267

(R	Requestor's Name)	<u>-</u>
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100187857571

12/01/10--01002--024 **70.00

10 DEC - | AN ID: 2:



1 34 P.C. 00 2000 110-35867

CORPORATE ACCESS,

AWhen you need ACCESS to the world≅

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

	<u></u>	WALK IN	
	PICK '	UP: 12/1 Emily G.	
	CERTIFIED COPY		
$ ot\!\! egin{array}{c} $	РНОТОСОРУ		
	CUS		
凶	FILING	Inc.	
	Nationwide Lique corporate name and document	idators, Inc.	
	CORPORATE NAME AND DOCUM	MENT #)	
			2010 17.1
	CORPORATE NAME AND DOCUM	MENT#)	DEC-8
((CORPORATE NAME AND DOCUM	MENT#)	# E E E
((CORPORATE NAME AND DOCUM	MENT #)	50 S
•	CORPORATE NAME AND DOCUM	MENT #)	
PECIAL I	NSTRUCTIONS:		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	ationwide	Liquidator	S, INC.	
ARTICLE II PRINCIPAL OFFICE Principal street as	E		ng address, if different is:	
6800 Ew 41 Urumi FL. 3	0 st. suite 265 13/55	6800 S Hiam	w 40 st. Site 26 FL 33155	<u>5</u>
ARTICLE III PURPOSE The purpose for which the corporation is	_			
Any and All	Lawful be)SINESS		
ARTICLE IV SHARES				
The number of shares of stock is: 100				
Name and Title: Bigoblato	S AND/OR DIRECTOR			
Address: [880 Sw 4]	Opt Suite 265	Address:		
Mrani Fi	33155			
Pals				_
Name and Title:		_ Name and Title:		_
Address:		Address:		
				_
Name and Title:		Name and Title:		
Address:		Address:		_
				_
The name and Florida street address (P.		f the registered agent is:	20	
Name: Kigobeato	GAMPZ			_
Address: 6800 Su	040 St. Svite	205	E C	1
<u> Mami</u>	FL. 33155		35.8 (7.11)	Lacrama E-m-ma
ARTICLE VII INCORPORATOR	_			¥ Y™Z™a
The name and address of the Incorporator Name: Right Deet	S Gomez			[
Address:	SW 40 st. Suite	<u>ک</u> ھ <u>2</u>		اميريهها
MiAmi_	FL 33155	-	5 6	
Having been name as registered agent t	o accept service of proces	ss for the above stated c	orporation at the place designate	d in
this certificate, I fim familiar with and acc	ept the appointment as res	gistered agent and agree	to act in this capacity	
			11/21/201	0
Required Signa	ture/Registered Agent		Date	_
I submit this document and affirm that t		o terra I am awasa that	the false information submitted	in a
Accument to the Department of State cons	ne jucis siuieu nerein urc titutes a third degree felor	y as provided for in s.81	7.155, F.S.	,,,
· Ly.	• •		ulachan.	^
Danwood Sin	nature/Incorporator		/// <i>30/30/0</i>	_
Kequited Sig	manuro morrisor por ator		~7~~~	