

P10000100302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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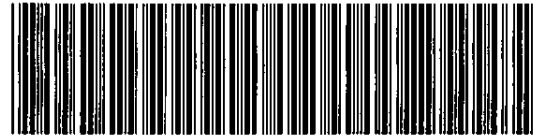
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 DEC 10 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
12/13

COVER LETTER

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

SUBJECT: NEGRIL FALLS REALTY CORPORATION
(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: LEONARD E. MASON - LEMS ACCOUNTING SERVICES
Name (Printed or typed)

4204 FOSTER AVENUE
Address

BROOKLYN, NEW YORK 11203
City, State & Zip

(718) 462-0058
Daytime Telephone number

MLEM42@AOL.COM
E-mail address: (to be used for future annual report notification)

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: NEARL FALLS REALTY CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
8225 SW 141ST STREET
MIAMI, FLORIDA 33158

Mailing address, if different is:
46 VIVIANNE WILLIAMS
8225 SW 141ST STREET
MIAMI FLORIDA 33158

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR
ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER BUSINESS
CORPORATION LAW. THE CORPORATION IS NOT FORMED TO ENGAGE IN
ANY ACT OR ACTIVITY REQUIRING THE CONSENT OR APPROVAL OF ANY
STATE OFFICIAL, DEPARTMENT, BOARD, AGENCY OR OTHER BODY

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES WITH OUT PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VIVIANNE WILLIAMS - PRESIDENT Name and Title: _____
Address: 8225 SW 141ST STREET Address: _____
MIAMI, FLORIDA 33158

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: VIVIANNE WILLIAMS - PRESIDENT
Address: 8225 SW 141ST STREET
MIAMI, FLORIDA 33158

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VIVIANNE WILLIAMS - PRESIDENT
Address: 8225 SW 141ST STREET
MIAMI, FLORIDA 33158

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

Vivienne P. Williams
Required Signature/Registered Agent

11/30/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vivienne P. Williams
Required Signature/Incorporator

11/30/2010
Date

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10 DEC 10 PM 1:44
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