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COVER LETTER

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

SUBJECT: NOEMARI CONSULTING SERVICES, INC.
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: NOEMARI CONSULTING SERVICES, INC.
Name (Printed or typed)

c/o Maritza Delgado - P.O. Box 227096
Address

Miami, Florida 33222
City, State & Zip

(786) 231-4870
Daytime Telephone number

TECHZERO@BELLSOUTH.NET
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:

NOEMARI CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1825 Ponce de Leon Blvd. # 165

Coral Gables, FL 33134

Mailing address, if different is:

c/o Maritza Lopez Delgado

P.O. Box 227096

Miami, FL 33222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

consulting and general services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maritza Lopez, P/V/P/T/S

Address: 1825 Ponce de Leon Blvd. # 165

Coral Gables, FL 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maritza Lopez

Address: 1825 Ponce de Leon Blvd. #165

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maritza Lopez

Address: 1825 Ponce de Leon Blvd. #165

Coral Gables, FL 33134

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

Maritza Lopez

Required Signature/Registered Agent

02/14/2011

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.

Maritza Lopez

Required Signature/Incorporator

02/14/2011

Date

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CLERK OF DISTRICT COURT
MIAMI, FL