

08/31/2029

# 62 P.001/08

# P11000092156

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
NEGRON ENTERPRISE, INC**

Certificate of Status	0
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MRS 10/21

October 20, 2011

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: NEGRON ENTERPRISE, INC  
REF: W11000053898

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is  
L10000109569 - NEGRON ENTERPRISES, LLC.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call

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#5082 P.003/008

(850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000251997  
Letter Number: 411A00024067

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#5062 P.004/006

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TALLAHASSEE, FLORIDA

H11000251997

**ARTICLES OF INCORPORATION**

*The Undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be: **NEGRON, INC**

**ARTICLE II PRINCIPAL OFFICE**

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

19300 SW 188 ST  
MIAMI, FL 33187

**ARTICLE III SHARES**

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

100 Shares of \$1.00

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Javier Negron  
19300 SW 188 Street  
Miami, FL 33187

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TALLAHASSEE, FLORIDA

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**ARTICLE V INCORPORATOR(S)**

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

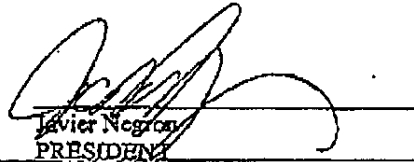
Javier Negrón  
19300 SW 188 Street  
Miami, FL 33187

**ARTICLE VI DIRECTOR(S)**

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

Javier Negrón  
19300 SW 188 Street  
Miami, FL 33187

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

  
Javier Negrón  
PRESIDENT

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **NEGRON, INC**
2. The name and address of the registered agent and office is:

**Javier Negron**

\_\_\_\_\_  
(NAME)

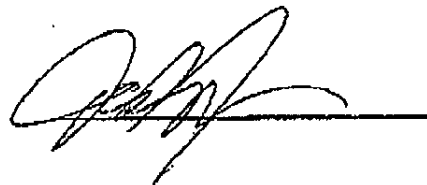
**19300 SW 185 St**

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

**Miami, FL 33157**

\_\_\_\_\_  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



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