# P11000095702

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				

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10/12/11--01006--006 \*\*78.75

FILED 11 OCT 31 PM 1: 54 SECRETARY OF STATE MALLANXSSEE, FLORIDA



# COVER LETTER

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

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## SUBJECT: NU CONCEPTS TILE & MARBLE 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		

Filing Fee & Certificate of Status

\$78.75	\$87.50			
Filing Fee	\$87.50 Filing Fee,			
& Certified Copy	Certified Copy			
	& Certificate of			
	Status			
ADDITIONAL COPY REQUIRED				

FROM: FRANK SERA	TAE T
Name (Printed or typed)	LAIL OC T
1615 SW 122ND AVE UNIT # 5	
Address	
MIAMI, FL 33175	ORI I:
City, State & Zip	0A 54
305-468-7949	
Daytime Telephone number	

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED 11 OCT 31 PM 1:01

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FLORIDA DEPARTMENT OF STARE TH OF CORPORATIONS **Division of Corporations** 

October 14, 2011

FRANK SERA 1615 SW 122ND AVE UNIT 5 MIAMI, FL 33175

SUBJECT: NU CONCEPTS TILE & MARBLE INC. Ref. Number: W11000053007

We have received your document for NU CONCEPTS TILE & MARBLE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason **Regulatory Specialist II** 

Letter Number: 511A00023646

www.sunbiz.org

uisian of Cam O DOV 6997 Tellahagaga Florida 9991

### **ARTICLES OF INCORPORATION**

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

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

Principal street address <u>3131 NW 79TH AVE</u> SUITE #4 MIAMI, FL 33122

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA

#### ARTICLE IV SHARES

The number of shares of stock is: 500 COMMON SHARES, HAVING AN INDIVIDUAL PAR VALUE OF \$ 1.00

	INITIAL OFFICERS AND/OR DIRECTORS		
1			
Address:	1615 SW 122ND AVE		
	<u>UNIT # 5</u>		
	MIAMI, FL 33175		
Name and Tit	ILESONIA COLLAZO - PRESI DENT	Name and Title:	
Address:	1615 SW 122ND AVE	Address:	
	UNIT # 5		
	MIAMI. FL 33175		
			N SE T
Name and Tit	ile:	Name and Title:	
Address:		Address:	
			Hio M
ARTICLE VI	REGISTERED AGENT		10 I I I I I I I I I I I I I I I I I I I
The name and Flor	ida street address (P.O. Box NOT acceptable) of	the registered agent is:	any met
Name:	FRANK SERA		
Address:	1615 SW 122ND AVE UNIT # 5		DA SI
	MIAMI FL 33175	_	+
ARTICLE VII	<u>INCORPORATOR</u>		
The name and add	ress of the Incorporator is:		
Name:	FRANK SERA		
Address:	1615 SW 122ND AVE UNIT # 5		
	MIAMI, FL 33175		
	d as registered agent to accept service of process		
this certificate. Lan	a familiar with and accent the appointment as revi	stered agent and agree to ac	t in this canacity

× Required Signature/Registered Agent 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.

Required Signature/Incorporator

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