



## COVER LETTER

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

SUBJECT: N & O LEASING MANAGEMENT CORP  
(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: FLORIDA INS & ACCT SERV INC  
Name (Printed or typed)

P O BOX 651221  
Address

MIAMI FL 33265  
City, State & Zip

305-461-4884  
Daytime Telephone number

KEYS345 @ COMCAST.NET  
E-mail address: (to be used for future annual report notification)

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

*Please return to the address above*  
*THANKS*

**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: N & O LEASING MANAGEMENT CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3010 SW 20TH STREET  
MIAMI FL 33145

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Poperty and equipment leasing & consulting / management.

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED ( 100) SHARES OF COMMON STOCK

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSE RODRIGUE-PRESIDENT  
Address: 3010 SW 20TH STREET  
MIAMI FL 33145

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: JOSE RODRIGUEZ  
Address: 3010 SW 20TH STREET  
MIAMI FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE RODRIGUEZ  
Address: 3010 SW 20TH STREET  
MIAMI FL 33145

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

2/13/2012  
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

2/13/2012  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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