

## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From;

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

: (850)224-8870

Phone Fax Number

: (850)222-1222

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emmil	Address:	•

## FLORIDA PROFIT/NON PROFIT CORPORATION Nivlu Corp.

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FEB. 29. 2012 2:12PM CAPITAL CONNECTION

## **COVER LETTER**

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

SUBJECT: NIVIU COrp.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	l	
\$70.00 \$78.75 \$87.50 Filing Fee Filing Fee & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
FROM: Stuart Solomon Name (Printed or typed)		
175 1st Street S. #1202 Address		
St Petersburg, Florida 33701 City, State & Zip		냎
727-498-7733  Daytime Telephone number	12 FEB	4/8/-X
samsolos@msn.com  E-mail address: (to be used for future aunual report notification)	29 PH 1:	TARY OF STAT
NOTE: Please provide the original and one copy of the articles.	0	ATIONS

CAPITAL CONNECTION

NO. 9251 P. 3/3

## ARTICLES OF INCORPORATION

FILEU
SECRETARY OF STATE
WITH Y OF CORPORATIONS

	in computance with Chapter 607 and	Vor Chapter 621, F.S. (Profit)	MAISE A DUPA	REUKAIR
	NAME Niviu Corp.		12 FEB 29	DM I. IN
The name of the co	rporation shall be:		12 FED 29	rm 1. 10
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing address	s, if different is:	
8	407 Pinehurst Dr	-		
	ampa_FI 33615			
-	•			
ARTICLE III	PTIP DO QIP.		_	
	hich the corporation is organized is:			
This corporati	ion may engage or transact in any or	all lawful activities or hus	inese nemitted	undor
the laws of the	e United States, the State of Florida	or any other state, govern	v or nation	undo
nie ienę o (n	e Office States, the Otate of Florida t	or any other state, courts	y or nauon.	
ARTICLE IV	<u>SHARES</u> es of stock is.This corporation is authorized to	Iceua 100 charge of One Or	aller (1 00) per velus	a atock
•	62 OT 2030K 182 and any boundary to continue of the	1 16500 100 51 181 00 01 0110 00	mai (1.00) pai vaide	2 SIDOV
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>		
Name and Tit	le:Stuart Solomon President	Name and Titlo:		_
Address:	175 1st Street S #1202	_ Address:		<del></del>
	St Petersburg, FL 33701	,		
				_
	ie;		<del></del>	
Address;		Address:	н,	<u> </u>
				•
		-		
	le:	Name and Title:		
Address:				_
APPTOTE W	REGISTERED AGENT	·		
The name and Flor	ide street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Stuart Solomon			
Address:	175 1st Street S #1202	•		
	St Petersburg, FL 33701	•		
A DOMENT TO YES	INCORPORATOR			
The name and oddi	ress of the Incorporator is:	·		
Name:	Stuart Solomon			
Address:		•		
	175 1st Street S. #1202 St Petersburg, FL 33701	•		
Ye 5	d no manipulative annual to annual possibles of measure	for the above stated corneration	at the place desimat	ad ia
Having Deen numei this cortificate for	d as registered-agent to accept service of process I familiar with and accept the appointment as regi	jor ine avove stava curpojapon viered avent and novee to act in ti	i i <b>a u</b> je pjuce uzsignu: ki <b>s can</b> acity	512 J/J
инэ сегијусиче, х чт	Johnna Min Gia accept the appointment as regu	stered affert that office in our bill		
*7	ALT Y		2 28 2012	•
<del>/</del>	Required Signature/Registered Agent		Dole	<del>-</del>
			~ n/m	
	next and affirm that the facts stated herein are			in a
document to the De	partificat of Systa consillutes a third degree felony	as provided for in 3.817.155, F_S	, ,	
*	<del>(U-1</del> ( <b>U</b> '		2/20/2010	,
			2/28/2012	<u></u>
7	Required Signature/Incorporator		Daic	