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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 11 PM 4:05

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**FLORIDA PROFIT/NON PROFIT CORPORATION
NURY LANDIER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME NURY LANDIER, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
9925 NW 29TH TERR
DORAL, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nury J. Lavandier (President)
Address: 9925 NW 29TH TERR
DORAL, FL 33172

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: Nury J. Lavandier
Address: 9925 NW 29TH TERR
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nury J. Lavandier
Address: 9925 NW 29TH TERR
DORAL, FL 33172

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

05/10/2012
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

05/10/2012
Date

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TALLAHASSEE, FLORIDA

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