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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

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From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

NEUERTH RESOURCE MIAMI, INC.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Neuerth Resource Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4101 NW 27TH AVE
MIAMI, FL 33142
USA

Mailing address, if different is:
4101 NW 27TH AVE
MIAMI, FL 33142
USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in any lawful activity.

ARTICLE IV SHARES

The number of shares of stock is: 2000authorized shares at $0.01 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHANDAN KUMAR PENDYALA, DIRECTOR
Address: 4101 NW 27TH AVE
MIAMI, FL 33142
USA

Name and Title:
Address:

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: NRAI Services, Inc.
Address: 515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHANDAN KUMAR PENDYALA
Address: 4101 NW 27TH AVE.
MIAMI, FL 33142

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

Michele Holden,
Asst. Secretary
Required Signature/Registered Agent

06/07/2012
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

06/07/2012
Date