

P/2000073883

(Requestor's Name)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 08/29/12

COVER LETTER

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

SUBJECT: **NINE3ONE2, 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
☐ \$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: **Ramon De La Cruz**

Name (Printed or typed)

591 NW 208th Circle

Address

Pembroke Pines, FL 33029

City, State & Zip

786-218-6218

Daytime Telephone number

remydlc@gmail.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

NINE3ONE2, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

591 NW 208th Circle

Pembroke Pines, FL 33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

re seller of cell phone accessories and clothing accessories

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ramon De La Cruz - President

Address: 591 NW 208th Circle

Pembroke Pines, FL 33029

Name and Title: Jisset Mejia - Vice-President

Address: 591 NW 208th Circle

Pembroke Pines, FL 33029

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: Ramon De La Cruz

Address: 591 NW 208th Circle

Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

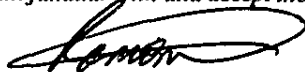
The name and address of the Incorporator is:

Name: Ramon De La Cruz

Address: 591 NW 208th Circle

Pembroke Pines, FL 33029

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

08/22/12

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

08/22/12

Date

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