

P12000087697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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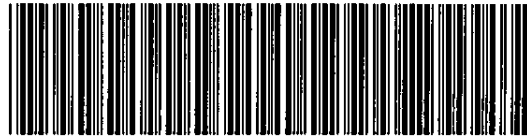
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 16 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
10/17/12

COVER LETTER

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

SUBJECT: Nerow Trading Incorporated

(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: Keste Miller

Name (Printed or typed)

6491 Sunset Strip Blvd. Suite # 8

Address

Sunrise, Florida 33313

City, State & Zip

954 484 6668

Daytime Telephone number

millerkeste@yahoo.co.uk

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME Nerow Trading Incorporated

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11206 NW 36 Street
Miami Florida 33167
USA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manufacture, import, export and distribute general merchandise.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Tamara O. Wilson (Director)</u>	Name and Title: <u>Steve E. Ewen (Director)</u>
Address: <u>4916 Smithwick Lane</u>	Address: <u>4422 Chateau Road</u>
<u>Bowie Maryland 20720</u>	<u>Orlando, Florida 32808</u>
<u>USA</u>	<u>USA</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Keste Miller
Address: 6491 Sunset Strip Blvd
Suite # 8, Sunrise Florida 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tamara O. Wilson
Address: 4916 Smithwick Lane
Bowie, Maryland 20720

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

September 28, 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

September 28, 2012

Date