

P13000018364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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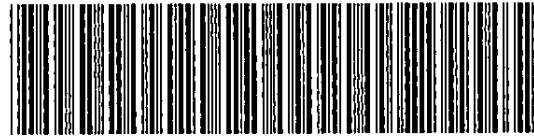
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 25 PM 3:01

*J 2/26/13*

**COVER LETTER**

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

SUBJECT: \_\_\_\_\_

Nvi Productions, 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: \_\_\_\_\_

Natalie Galan

Name (Printed or typed)

P.O. Box 2489

Address

Immokalee Florida 34143

City, State & Zip

307-660-7778

Daytime Telephone number

galannat@gmail.com

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

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

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Nvi Productions, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8094 Silver Birch way  
Lehigh Acres FL  
33971

P.O. Box 2489  
Immokalee, Fl. 34143

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anwar Isaac Jamett/Pres. Name and Title: Natalie Galan/VP

Address 8094 Silver Birch Address: 7451 Friendship Ln  
way, Lehigh Acres Naples, Fl. 34120  
FL 33971

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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: Natalie Galan  
Address: 7451 Friendship Ln  
Naples, FL 34120

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anuar Isaac Lamette  
Address: 8094 Silver Birchway  
Lehigh Acres FL  
33971

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

Natalie Galan

Required Signature/Registered Agent

2/9/2013  
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.

[Signature]

Required Signature/Incorporator

2/9/2013  
Date

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