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SECRETARY OF STATE
DIVISION OF CORPORATION
2013 SEP -3 AM 10:50

1/4

COVER LETTER

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

SUBJECT: NM Recovery, 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: Juan Pug

Name (Printed or typed)

P.O. Box 560062

Address

Miami, FL 33256-0062

City, State & Zip

305-546-5376

Daytime Telephone number

builderjp@aol.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

The name of the corporation shall be: NM Recovery, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

18768 SW 79 Ave

Miami, FL 33157

Mailing address, if different is:

P.O. Box 560062

Miami, FL 33256-0062

2010 SEP -3 AM 10:51

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Pug

Address: P.O. Box 560062

Miami, FL 33256-0062

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATION

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

2013 SEP -3 AM 10: 51

ARTICLE VI REGISTERED AGENT

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

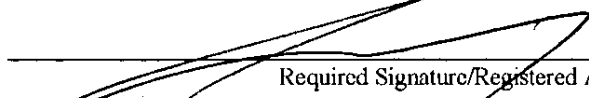
Name: Juan Pug
Address: 18768 SW 79 Ave
Miami, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Pug
Address: P.O. Box 560062
Miami, FL 33256-0062

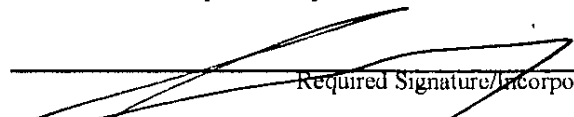
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8-28-13
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

8-28-13
Date