

PI3000097728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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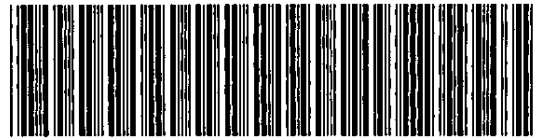
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 12/9

COVER LETTER

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

SUBJECT: NP MARINE SERVICE & REPAIR CORP.
(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: JACOBO & ASSOCIATES INC.
Name (Printed or typed)

6220 WEST 21 CT
Address

HIALEAH, FL 33016
City, State & Zip

305-556-0044
Daytime Telephone number

ljacobo621@aol.com
E-mail address: (to be used for future annual report notification)

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

**Florida Department of State
Division of Corporations**

DEC 3RD, 2013

FILED
13 DEC -6 PM 3:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

Ref Number: New Application

Dear Sir/Madam:

I, NELIDA SANCHEZ, president/owner of NP MARINE SERVICE & REPAIR CORP. with Document number P12000011501, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owners.

Please contact me at (305) 556-0044 should you require further information or have any concerns.

Kind Regards,


NELIDA SANCHEZ

ARTICLES OF INCORPORATION

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

ARTICLE I NAME NP MARINE SERVICE & REPAIR CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
10530 SW 54 ST
MIAMI, FL 33165

Mailing address, if different is:
10530 SW 54 ST
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELIDA SANCHEZ, PRESIDENT
Address: 10530 SW 54 ST
MIAMI, FL 33165

Name and Title: _____
Address: _____

Name and Title: NORLYS PINO
Address: 10530 SW 54 ST
MIAMI, FL 33165

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: JACOBO & ASSOCIATES INC
Address: 6220 W 21 CT
HALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: NELIDA SANCHEZ
Address: 10530 SW 54 ST
MIAMI, FL 33165

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

12.03.2013
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.


Required Signature/Incorporator

12/03/13
Date

FILED
13 DEC -6 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Address: _____

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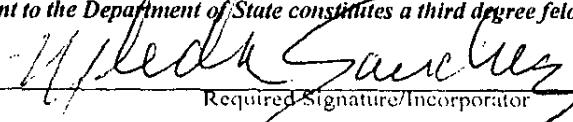
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