

P14000007520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

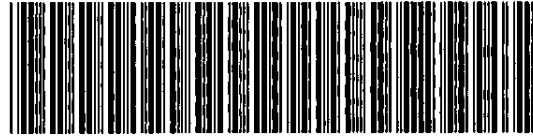
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 17 PM 2:53

## COVER LETTER

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

**SUBJECT: NITZA VILLAPOL CORPORATION**  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **EDWIN GONZALEZ**  
Name (Printed or typed)  
**550 NW 51 AVE SUITE B**  
Address  
**MIAMI FL, 33126**  
City, State & Zip  
**FROM 9 AM. TO 4 PM.**  
Daytime Telephone number  
**CONTACT@EDWINMARKETING.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: NITZA VILLAPOL CORP.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

550 NW 51 AVE SUITE B.

MIAMI , FL.33126

Mailing address, if different is:

550NW 51 AVE SUITE B

MIAMI , FL.33126

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TO PERFORM LEGAL BUSINESS  
TRANSACTIONS

**ARTICLE IV    SHARES**

The number of shares of stock is: ONE HUNDRED SHARES, NO PAR VALUE

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

Name and Title: MARCOS.E.LOPEZ.PRESIDENT

Address 550 NW 51 AVE SUITE B  
MIAMI,FL 33126

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

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

Name and Title: SISI COLOMINA.VICEPRESIDENT

Address 550 NW 51 AVE SUITE B  
MIAMI , FL 33126

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

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

Name and Title: YOANKA MCPERSON TREASURER

Address 550 NW 51 AVE SUITE B  
MIAMI, FL. 33126.

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

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

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Name and Title: Edwin Gonzalez (Secretary) Name and Title: \_\_\_\_\_  
Address: 550 NW 51 Ave Suite B Address: \_\_\_\_\_  
Miami, Fl. 33126 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: EDWIN GONZALEZ PEREZ  
Address: 550 NW 51 AVE. SUITE B  
MIAMI, FL. 33126

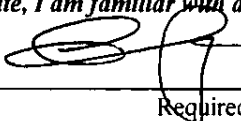
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

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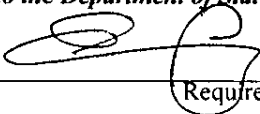
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

12/18/2013  
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

12/18/2013  
Date