## P14000037921

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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## Florida Department of State **Division of Corporations**

**APRIL 24<sup>TH</sup> 2014** 

Ref Number: New Application

Dear Sir/Madam:

I, SILVIA GRACIANO, president/owner of NIKO ENTERPRISES INC. with Document number P11000102084, 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,

## **COVER LETTER**

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

SUBJECT: NIKO ENTERPRISES,	INC
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy  & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: JACOBO & ASSOCIATE	S INC. (Printed or typed)
6220 WEST 21 CT	Address
HIALEAH, FL 33016	State & Zip
305-556-0044  Daytime T	elephone number
INFO@JACOBOTAX.CO	OM d 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 No.	—— INING LINI LINE INISES. II	NC		
	RINCIPAL OFFICE Principal <u>street</u> address 05 SW 43RD ST		Mailing address, if different is: 12105 SW 43RD ST	
MIA	MI, FL 33176	MIAMI, FL 33	176	
ARTICLE III PU The purpose for whic ANY LAWFULL	h the corporation is organized is:		FILE!  14 APR 28 A  SECRETARY OF FALLIERS SEC.	
ARTICLE IV SI			P. () <b>1 (10) 20 20 20 20 20 20 20 20</b>	
ARTICLE V IP  Name and Title  Address:	SILVIA GRACIANO, PRESIDENT 12105 SW 43RD ST MIAMI, FL 33176	Name and Title:Address:	)A 21	
Name and Title Address:	:	Address:		
Name and Title Address:		 - Address:		
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of JACOBO & ASSOCIATES INC. 6220 W 21 CT HIALEAH, FL 33016	the registered agent is:		
	NCORPORATOR  ss of the Incorporator is:  SIL VIA GRACIANO  12105 SW 43RD ST  MIAMI, FL 33176	- 	•	
Having been named this certificate, am	as registered agent to accept service of profes. familiar with and accept the appointment us reg	s for the above stated co istered agent and agree t	proporation at the place designated in to act in this capacity  OH 24 2014	
	Required Signature/Registered Agent ent and affirm that the facts stated herein are artment of State constitutes a third degree felon			
	Required Signature/Incorporator		04/24/14 Daie	