

P14000038582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

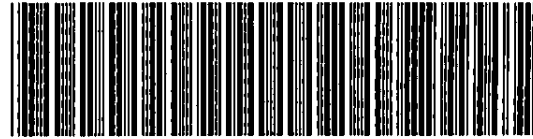
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2345

W14000023505



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04/10/14--01008--003 \*\*87.50

FILED  
14 APR 29 AM 11:05  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

5/2/14

**COVER LETTER**

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

**SUBJECT: NMA CARTRIDGES 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: Modesto Martin**

Name (Printed or typed)

**2701 SW 17 Avenue**

Address

**Miami, Florida 33133**

City, State & Zip

**(786)302-7862**

Daytime Telephone number

**nmacartridges@aol.com**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 29 AM 11:05

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 APR 29 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 14, 2014

MODESTO MARTIN  
2701 SW 17 AVENUE  
MIAMI, FL 33133

SUBJECT: NMA CARTRIDGES INC  
Ref. Number: W14000023505

We have received your document for NMA CARTRIDGES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00007968

FILED

14 APR 29 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# GENERAL AFFIDAVIT

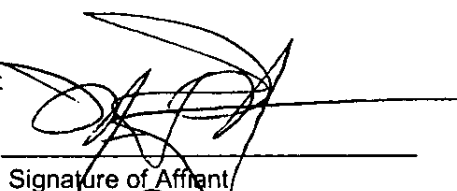
STATE OF Florida

COUNTY OF Dade

PERSONALLY came and appeared before me, the undersigned Notary, the within named Modesto Martin, who is a resident of Dade County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

N.M.A. Cartridges, LLC – EIN # 26-2850921 was dissolved (09/27/2013) and I, Modesto Martin, have no intention of reinstating this company.

DATED this the 24<sup>th</sup> day of April, 2014

  
Signature of Affiant

SWORN to subscribed before me, this 24 day April, 2014

  
NOTARY PUBLIC

My Commission Expires:



AMARILLYS C. VARONA  
MY COMMISSION # EE 834225  
EXPIRES: October 7, 2016  
Bonded Thru Budget Notary Services

FILED  
14 APR 29 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: NMA CARTRIDGES INC

14 APR 29 AM 11:05

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2701 SW 17 Avenue

Miami, Florida 33133

Mailing address, if different is

2701 SW 17 Avenue

Miami, Florida 33133

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For the sale of Office Supplies.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Modesto Martin

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

Address 2701 SW 17 Avenue

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

Miami, Florida 33133

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: Iraldy Martin  
Address: 2701 SW 17 Avenue  
Miami, Florida 33133

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Modesto Martin  
Address: 2701 SW 17 Avenue  
Miami, Florida 33133

*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*

Iraldy Martin  
Required Signature/Registered Agent

4/8/14  
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.*

Modesto Martin  
Required Signature/Incorporator

04-08-2014  
Date

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14 APR 29 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA