## P/WW68382

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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2014 AUG 1 1 PM 2: 14
SECRETARY OF STATE



## **COVER LETTER**

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

NAME - MUST INCLE				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
of incorporation and	a check for:			
□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
BUJ	<del></del>			
(	■ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO			

victorbuj1973@gmail.com
E-mail address: (to be used for future annual report notification)

10776 NW 83RD TER # 1

Address

**DORAL, FL 33178** City, State & Zip

> 3058907337 Daytime Telephone number

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)

	me of the corporation shall be: NISHTA GROUP CORP.			
	rincipal <u>street</u> address ' 83RD TER #1	Mailing ac	Mailing address, if different is:	
ARTICLE III PURPO The purpose for which the	OSE corporation is organized is:	ANY AND ALL LAWF	ULL BUSINESS	
			2014 AUG SICRET	
ARTICLE IV SHAR The number of shares of sto ARTICLE V INITL		(D)	TARY OF STATE ASSEE, FLORIDA	
Name and Title:_ Address	10776 NW 83RD TEI DORAL FL 331	R # 1 Address:		
Name and Title: Address		Name and Title: Address:		
Name and Title:_		Name and Title:		

Name and Tit	le:	Name and Title:	
Address	_	Address:	
	EGISTERED AGENT		
The <u>name and Florid</u>	a street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	VICTOR BUJ		
Address:	10776 NW 83RD TER #1		
	DORAL FL 33178		
ARTICLE VII IN	CORPORATOR		
The name and addres	s of the Incorporator is:		
Name:	VICTOR BUJ		
Address:	10776 NW 83RD TER # 1		
	DORAL FL 33178		
Having been named of this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as reg	istered agent and agree to act in	this capacity
1 KTM			08-06-14
	Required Signature/Registered Agent		Date
I submit this docume document to the Depa	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felon	true. I am aware that the false was provided for in s.817.155, F.	information submitted in a .S.
Vit	Ч		09-06-14
	Required Signature/Incorporator	<del></del>	Date