

01/20/2003 06:20

05:00 P.001/03

P/5000023959

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000062470 3)))



H150000624703#BCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NSS CONSULTING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

03/12/15

15 MAR 11 AM 11:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR 11 PM 3:51

RECEIVED
FLORIDA
TALLAHASSEE, FLORIDA

01/20/2033 06:21
Mar 11 15 03:07p

Michel Huysman P A

3058544640

#0560 P.002/003

P.3

H15000062470

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: NSS Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

162 NE 25th Street, Apt. 908

Miami, FL- 33137

Mailing address, if different is:

162 NE 25th Street, Apt. 908

Miami, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lina Rivera / President

Address: 162 NE 25th Street, Apt. 908
Miami, FL 33137

Name and Title: Lina Rivera / Secretary

Address: 162 NE 25th Street, Apt. 908
Miami, FL 33137

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 11 AM 11:17

H15000062470

01/20/2033 06:21
Mar 11 15 02:21p

Michel Huysman P A

3058544640

#0560 P.003/003

P.5

H15000062470

(cont.)

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:

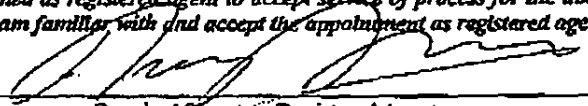
Name: Michel Huysman, Esq.
Address: 2000 South Dixie Highway, Suite 106
Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

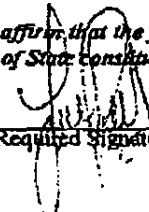
Name: Lina Rivera
Address: 162 NE 25th Street, Apt. 908
Miami, FL 33137

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

03/11/2015
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.817.135, F.S.


Required Signature/Incorporator

03/11/2015
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 11 AM 11:17

H15000062470