

P15000083538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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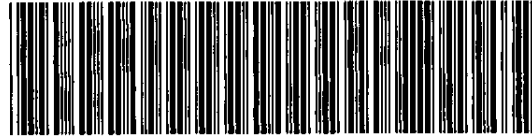
(Business Entity Name)

(Document Number)

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

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15 OCT -6 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT-12 2015

## COVER LETTER

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

SUBJECT: Negao Installation 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: CLAUDIO R. NASCIMENTO  
Name (Printed or typed)

21266 Summertrace circle  
Address

Boca Raton - FL - 33428  
City, State & Zip

(954) 393 8750  
Daytime Telephone number

CLAUDIONASCIMENTO@phoo.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: Negao Installation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
21266 Summertrace circle  
Boca Raton FL 33428

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installation of tile and marble floors.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edelson Silva Name and Title: President

Address: 22563 SW 66<sup>th</sup> Ave Address:

#205  
Boca Raton FL 33428

Name and Title: CLAUDIO NASCIMENTO Name and Title: Vice-President

Address: 21266 Summertrace circle Address:

Boca Raton FL  
33428

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

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

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TALLAHASSEE, FLORIDA

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:

*Shelanne Nascimento*

Address:

*21266 Summertrace circle  
Boca Raton - FL - 33428*

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**ARTICLE VII INCORPORATOR**

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

Name:

*CLAUDIO R. NASCIMENTO*

Address:

*21266 Summertrace circle  
Boca Raton - FL 33428*

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: *October, 1 2015* (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Registered Agent

*10/01/2015*  
\_\_\_\_\_  
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.817.155, F.S.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator

*10/01/2015*  
\_\_\_\_\_  
Date