## P16000005169

(Re	equestor's Name)	
( , ,	443366, 37123,	
(Ad	ldress)	
•	,	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600280736866

01/07/16--01030--009 \*\*/8.75

Section 1987 of SIATE 1881 - 7 PM 3: 09

EFFECTIVE DATE 01/01/16

01/20/18

## **COVER LETTER**

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

SUBJECT: NU	NEZ LITIGATION ASSISTANCE	CORP.	
	(PROPOSED CORP	ORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of th	ne articles of incorporation an	d a check for:
\$70.00 Filing Fee	+	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:		Name (Printed or typed)	
	860 N. ORANGE AVE #307		
		Address	
	ORLANDO, FL 32801		
		City, State & Zip	
	239-247-1943		
	_	ime Telephone number	
	RAFAELONUNEZJR@GMAIL.		
	E-mail address: (to b	e 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)

TICLE II PRINCIPAL OFFICE Principal street address 00 SE 30TH STREET	Mailing address	, if different is:
PE CORAL, FL 33904		
		·
TICLE III PURPOSE  e purpose for which the corporation is organize	— — — —	
		5 52 C 755
TICLE IV SHARES 100 number of shares of stock is:		-7 PH 3:
TICLE V INITIAL OFFICERS AND/OR	DIRECTORS	
	<del></del>	
	Name and Title:	0.000
Name and Title:Address	Name and Title:	0 HA
Name and Title:  Address	Name and Title:Address:	30 SE
Address  Name and Title:	Name and Title:  Address:  Name and Title:  Address:	00 11 11 11 11 11 11 11 11 11 11 11 11 1
Name and Title:  Address  Name and Title:  Address	Name and Title:  Address:  Name and Title:  Address:	00 110
Name and Title:  Address  Name and Title:  Address	Name and Title:  Address:  Name and Title:  Address:	30 000

Name as	nd Title:	Name and Title:
Addres	SS	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	Rafael O. Nunez, Jr.	
Address:	1100 SE 30th Street	_ <del></del>
	Cape Coral, FL 33904	
IRTICLE VII	INCORPORATOR	<b>5</b>
he <u>name and a</u>	address of the Incorporator is:	
Name:	Rafael O. Nunez, Jr.	
Address:	1100 SE 30th Street	<del></del>
Cape Coral, F	Cape Coral, FL 33904	
Effective date, If an effective days after the Note: If the days	filing.) ate inserted in this block does not meet the a	ind cannot be more than five business days prior or 90 business applicable statutory filing requirements, this date will not be listed as
Having been n	I am familiar with and accept the appointm	of process for the above stated corporation at the place designated in nent as registered agent and agree to act in this capacity
	Required Signature/Registered	X 1921
submit this d locument to th	locument and affirm that the facts stated h	herein are true. I am aware that the false information submitted in egree felony as provided for in s.817.155, F.S.
<u> </u>	Valal O. Mune	10/00/15

A STATE OF SE