

PI 6000037467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

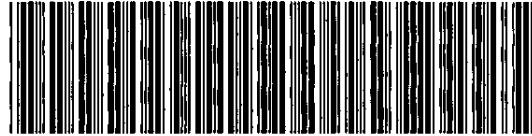
(Business Entity Name)

(Document Number)

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

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04/22/16--01017--018 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 22 PM 5:00

APR 22 2016

744  
4-28-16

## COVER LETTER

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

**SUBJECT:** NOVA SOLID SURFACES, 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:** MONIQUE PEDROSA  
Name (Printed or typed)  
17054 ALICO COMMERCE CT STE12  
Address  
FORT MYERS, FL 33967  
City, State & Zip  
239-633-3489  
Daytime Telephone number  
monique@novasolidsurfaces.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: NOVA SOLID SURFACES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17054 ALICO COMMERCE CT STE12

17054 ALICO COMMERCE CT STE12

FORT MYERS, FL 33967

FORT MYERS, FL 33967

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PRESIDENT: MONIQUE PEDROSA

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

Address 17054 ALICO COMMERCE CT STE12

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

FORT MYERS, FL 33967

Name and Title: VICE-PRES: NATALIA A. ROY

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

Address 17054 ALICO COMMERCE CT STE12

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

FORT MYERS, FL 33967

Name and Title: TREASURER: SANDRA M. WHITMER

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

Address 17054 ALICO COMMERCE CT STE12

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

FORT MYERS, FL 33967

SECRET  
APR 22 PM 5:01  
TALLAHASSEE FL 32303

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: MONIQUE PEDROSA

Address: 17054 ALICO COMMERCE CT #12

FORT MYERS, FL 33967

16 APR 22 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: DEBORA FORTUNATO-SOUZA

Address: 3940 METRO PKWY STE 110

FORT MYERS, FL 33916

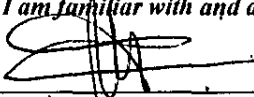
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*



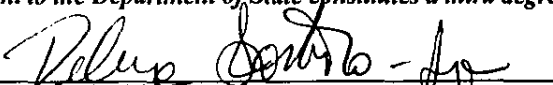
\_\_\_\_\_  
Required Signature/Registered Agent

*Monique Pedrosa*

04/07/2016

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator  
*Debora Fortunato-Souza*

04/07/2016

\_\_\_\_\_  
Date

ARTICLE IX SHARES

INITIAL OFFICERS SHALL DIVIDE THE SHARES AS FOLLOWS:


MONIQUE PEDROSA: 33.33 SHARES

NATALIA A. ROY: 33.33 SHARES

SANDRA M. WITMER: 33.33 SHARES

ARTICLE X SIGNATURE REQUIREMENT

ANY CHANGES TO THE ABOVE ARTICLES REQUIRES THE SIGNATURES OF ALL INITIAL OFFICERS

  
\_\_\_\_\_  
MONIQUE PEDROSA  
PRESIDENT  
\_\_\_\_\_  
NATALIA A. ROY  
VICE-PRESIDENT  
\_\_\_\_\_  
SANDRA M. WITMER  
TREASURER

16 APR 22 PM 5:03  
SECRETARY  
TALLAHASSEE, FLORIDA