

P16000040085

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

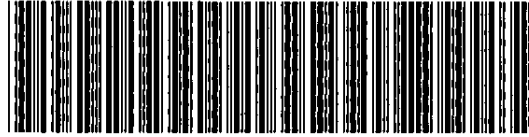
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T. SCOTT



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05/02/16--01025--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -2 AM 10:55

COVER LETTER

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

SUBJECT: NORVIK CAPITAL 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: Norvik Capital Inc. c/o Elisa Fernandez

Name (Printed or typed)

17700 N BAY RD #1010

Address

SUNNY ISLES BEACH, FL 33160

City, State & Zip

786-873-1882

Daytime Telephone number

elisafernandez80@gmail.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: NORVIK CAPITAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
Norvik Capital Inc. c/o Elisa Fdez

777 Brickell Ave Suite 500

Miami FL 33131

Mailing address, if different is:

17700 N BAY RD #1010

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elisa Fernandez P,D

Address

17700 N Bay Rd #1010

Sunny Isles Beach FL 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -2 AM 10:55

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: Elisa Fernandez

Address: 17700 N Bay Rd #1010

Sunny Isles Beach FL 33160

ARTICLE VII INCORPORATOR

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

Name: Elisa Fernandez

Address: 17700 N Bay Rd #1010

Sunny Isles Beach FL 33160

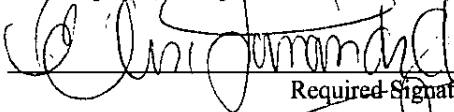
ARTICLE VIII EFFECTIVE DATE:

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

4/25/2016

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

4/25/2016

Date