

P 16 0000 68590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

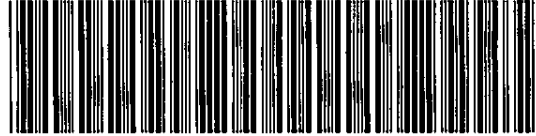
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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06/27/16--01036--001 **TD.00

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16 AUG -8 PM 1:23

8/19/14

COVER LETTER

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

SUBJECT: NAA CONSULTING, 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: NICOLAS ALARCON
Name (Printed or typed)
2600 S UNIVERSITY DR APT 218
Address
DAVIE, FL 33328
City, State & Zip
954 505 1414
Daytime Telephone number
nicolasalarcon@live.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

16 AUG -8 PM 1:23

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August 5, 2016

To whom it may concern:

Please note that you currently have my address and name incorrectly on your files. Please be sure to include the apartment number to ensure delivery to me.

Correct address and spelling of my name is:

**Nicolas Alarcon
2600 S University Drive
Apt#218
Davie, FL 33328**

Best Regards,

RECEIVED

16 AUG -8 PM 3:18

CLERK

CLERK

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2016

NAA CONSULTING INC. ***2ND MAILING***
C/O NICOLAS A. ALACRON
2600 S UNIVERSITY DRIVE
DAVIE, FL 33328

SUBJECT: NAA CONSULTING, INC
Ref. Number: W16000046915

We have received your document for NAA CONSULTING, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 816A00014051

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16 AUG -9 PM 1:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2016

NICOLAS A. ALARCOM
2600 S UNIVERSITY DRIVE
DAVIE, FL 33328

SUBJECT: NAA CONSULTING, INC
Ref. Number: W16000046915

We have received your document for NAA CONSULTING, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 816A00014051

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16 JUL 20 PM 12:48

TALLAHASSEE, FL 32314

2016 JUL 15 PM 1:23

16 AUG -8 PM 1:23

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: NAA CONSULTING, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2600 S UNIVERSITY Dr, Apt 218
DAVE, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE MY PROFESSIONAL
SERVICES IN EFFORTS TO GENERATE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLAS ALARCON / DIRECTOR Name and Title:

Address 2600 S UNIVERSITY Dr, Apt 218 Address:

DAVE FL 33328

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: NICOLAS ALARCON

Address: 2600 S UNIVERSITY Dr Apt 218
DAVIE, FL 33328

ARTICLE VII INCORPORATOR

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

Name: NICOLAS ALARCON

Address: 2600 S UNIVERSITY Dr Apt 218
DAVIE, FL 33328

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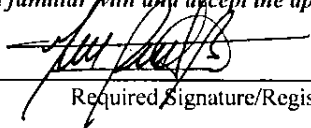
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 1, 2016 (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.

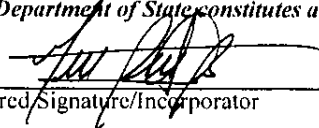
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

6/24/2016
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

6/24/2016
Date