

P160000 70855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

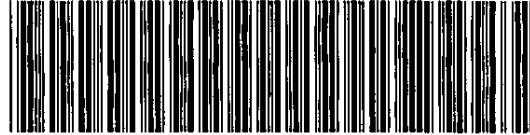
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 22 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: NEYRA CONSTRUCTION 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: WILBERTO A. NEYRA ABREU
Name (Printed or typed)
1604 E 1ST AVE
Address
HIALEAH, FL 33010
City, State & Zip
786-762-8189
Daytime Telephone number
WILBERTONEYRAABREU@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: NEYRA CONSTRUCTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1604 E 1ST AVE
HIALEAH, FL 33010

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DO LEGAL BUSSINES IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILBERTO A. NEYRA ABREU (P) Name and Title: _____

Address: 1604 E 1 AVE Address: _____

HIALEAH, FL 33010

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: WILBERTO A. NEYRA ABREU
Address: 1604 E 1 AVE
HIALEAH, FL 33010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: WILBERTO A. NEYRA ABREU
Address: 1604 E 1 AVE
HIALEAH, FL 33010

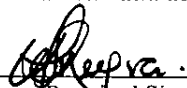
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/18/2016 (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

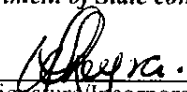


Required Signature/Registered Agent

08/18/2016

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

08/18/2016

Date