

P16000094685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291361883

11/01/16--01010--005 **87.50

16 NOV 23 PM 5:00

REC'D
FEB 16 2016
FEB 16 2016

M. MOON

NOV 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

NADINE MAHARAJ
3602 NW 82ND AVE
CORAL SPRINGS, FL 33065

SUBJECT: NM INNOVATION INC.
Ref. Number: W16000075538

16 NOV 23 PM 12:40
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

We have received your document for NM INNOVATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L11000118646.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 716A00023917

16 NOV 23 PM 5:00
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: NM2 Innovation 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: NAIDNE MAHARAJ

Name (Printed or typed)

355 MACY Street

Address

West Palm Beach, FL 33405

City, State & Zip

954-254-2086 / 954-254-2416 / 268-783-7155

Daytime Telephone number

NMINNOVATION@gmail.com

E-mail address: (to be used for future annual report notification)

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

16 NOV 23 PM 5:00

STATE
CLERK
CORPORATIONS
DIVISION

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: NM2 Innovation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

355 MACY ST.
West Palm Bch., FL 33405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services to include
but not limited to, consulting, management, procurement
and exports.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NADINE MAHARAJ, President Name and Title: _____

Address 3602 NW 82nd Ave Address: _____
Cornell Springs, FL
33065

Name and Title: Nisha MAHARAJ, director Name and Title: _____

Address 355 MACY ST. Address: _____
West Palm Bch., FL 33405

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 NOV 23 PM 5:00
MAILED

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: NADINE MAHARAJ

Address: 3602 NW 82nd Ave

Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

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

Name: NADINE MAHARAJ

Address: 3602 NW 82nd Ave

Coral Springs, FL 33065

16 NOV 23 PM 5:00
FILED
CLERK OF COURT
STATE OF FLORIDA

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 days prior or 90 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

11/19/16
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

11/19/16
Date