

MAR/13/2017/MON 01:31 PM

FAX No.

P. 001/004

3/10/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H17000067546 3)))



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FLORIDA PROFIT/NON PROFIT CORPORATION  
NGS REMODELING & CLEANING SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

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FAX No.

P. 002/004

850-617-6381

3/13/2017 11:29:14 AM PAGE 1/001 Fax Server



March 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

~~EXPRESS~~

SUBJECT: NGS REMODELING & CLEANING SERVICES, INC  
REF: W17000021097

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

Matthew T Moon  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H17000067546  
Letter Number: 417A00004748

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17 MAR 13 AM 9:12  
TALLAHASSEE, FLORIDA

**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: NGS REMODELING & CLEANING SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

100 LINCOLN RD SUITE 623MIAMI BEACH, FL 33139**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and All Lawpull Business**ARTICLE IV SHARES**

The number of shares of stock is:

200 @ \$ 1.00 per each.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARCO D'AQUILANTE PD.

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

Address

100 LINCOLN RD SUITE 623

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

MIAMI, FL 33139

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

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

Address

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

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

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

Address

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

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MIAMI, FLORIDA

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FAX No.

P. 004/004

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: MARCO D'AQUILANTE  
Address: 100 LINCOLN RD SUITE 623  
MIAMI, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCO D'AQUILANTE  
Address: 100 LINCOLN SUITE 623  
MIAMI, FL 33139

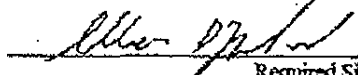
**ARTICLE VIII EFFECTIVE DATE:**

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.)

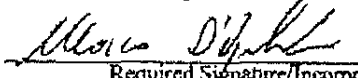
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

03/09/2017  
\_\_\_\_\_  
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

03/09/2017  
\_\_\_\_\_  
Date

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