

P17000063207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

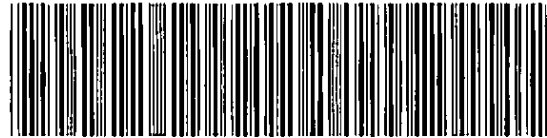
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/26/17--01012--004 **70.00

2017 JUL 26 AM 10:35
FILE
FOLLOW-UP REQUIRED ONIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

7/26

☒ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

Inc.

1.

NUNY AUTO SALES INC.
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: NUNY AUTO SALES 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: AILEEN FRANCISCA REYES NODARSE

Name (Printed or typed)

8339 NW 117 ST

Address

HIALEAH GARDENS, FL. 33018

City, State & Zip

305-801-7440

Daytime Telephone number

bestlienservicesinc@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 NAMEThe name of the corporation shall be: NUNY AUTO SALES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8339 NW 117 STHIALEAH GARDENS, FL. 33018**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and all lawful business.

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AILEEN FRANCISCA REYES NODARS

Name and Title: _____

Address

8339 NW 117 ST

Address: _____

HIALEAH GARDENS, FL. 33018

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: AILEEN FRANCISCA REYES NODARSE
Address: 8339 NW 117 ST
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AILEEN FRANCISCA REYES NODARSE
Address: 8339 NW 117 ST
HIALEAH GARDENS, FL 33018

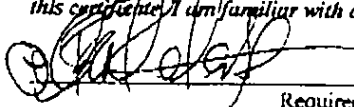
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/25/2017. (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.

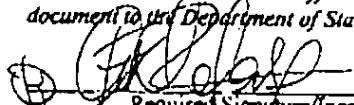


Required Signature/Registered Agent

7/25/17

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

7/25/17

Date