

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NAMG INC

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

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OCT 03 2017

K. Brumbley

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:NAMG INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9763 Darlington PL cooper city FL 33328RECEIVED
AT THE OFFICE OF
THE CLERK OF THE
COURT
JANUARY 17, 2013

17 OCT -2 AM 8:38

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Nelson Alonso Melgarejo Griborio (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Nelson Alonso Melgarejo Griborio
9763 Darlington PL cooper city
FL 33328**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Nelson Alonso Melgarejo Griborio
9763 Darlington PL
cooper city FL 33328

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Required Signatures:

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

Nelson Helguera
Registered Agent _____ 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.

Nelson Helguera
Incorporator _____ Date _____

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