

P19 00000 8915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

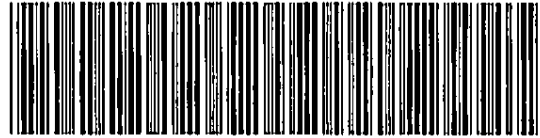
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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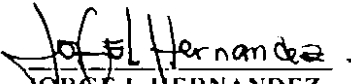
2019 JAN 29 AM 8:03
MAIL ROOM

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **JORGE L HERNANDEZ**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **NG SERVICES MANAGEMENT CORP**, a Florida corporation to be filed with the Florida Department of State on or about **January 14, 2019**.
2. The undersigned hereby consents to and authorizes the use by **NG SERVICES MANAGEMENT CORP**, of the name **NG SERVICES MANAGEMENT CORP**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

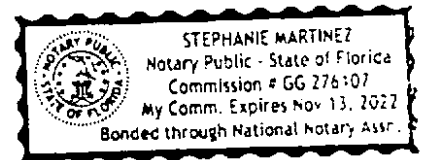
FURTHER AFFIANT SAYETH NAUGHT.


JORGE L HERNANDEZ

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Jorge L Hernandez, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 14th day of January, 2019




Notary Public Signature

COVER LETTER

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

SUBJECT: NG SERVICES MANAGEMENT CORP

(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: STEPHANIE MARTINEZ

Name (Printed or typed)

8180 NW 36 ST, SUITE 406

Address

DORAL FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.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: NG SERVICES MANAGEMENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14318 SW 121 PL

MIAMI FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SR. JORGE L HERNANDEZ P

Address 14318 SW 121 PL

MIAMI FL. 33186

Name and Title:

Address:

Name and Title: MRS. MARIA M PINEDA VP

Address 14318 SW 121 PL

MIAMI FL 33186

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2018 JAN 28 PM 3:03
CLERK OF DISTRICT COURT
MIAMI, 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: SR. JORGE L HERNANDEZ

Address: 14318 SW 121 PL

MIAMI FL 33186

ARTICLE VII INCORPORATOR

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

Name: SR. JORGE L HERNANDEZ

Address: 14318 SW 121 PL

MIAMI FL 33186

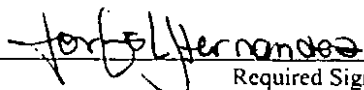
ARTICLE VIII EFFECTIVE DATE:

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

1-19-2019
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

1-19-2019
Date