

P19000022422

(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:

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19 MAR 15 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/15/19--01003--006 **330.00

19 MAR 15 AM 11:25

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/15/2009

****WALK IN****

ENTITY NAME NKUME INCORPORATED

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70.00

CHECK # 5888

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Nkume Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
745 NW 144th St.

Miami, FL 33168

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful act or activity

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tamar Greene, Officer

Address 745 NW 144th St.

Miami, FL 33168

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, 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: Tamar Greene
Address: 745 NW 144th St.
Miami, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tamar Greene
Address: 745 NW 144th St.
Miami, FL 33168

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

Tamar Greene
Required Signature/Registered Agent

3-14-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tamar Greene
Required Signature/Incorporator

3-14-19
Date

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TALLAHASSEE, FLORIDA