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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 : DAKOTA ACCOUNTING SERVICES INC.  
Account Number : I20160000034  
Phone : (305)595-1252  
Fax Number : (305)255-2729

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DIVISION OF CORPORATIONS  
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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  
NODAL VALES INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2019-03-06 PM 1:12

## COVER LETTER

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

**SUBJECT:** NODAL VALES 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** OMIRCA R NODAL

Name (Printed or typed)

4790 GOLDEN GATE BLVD E

Address

NAPLES, FL 34120

City, State & Zip

239 825 7791

Daytime Telephone number

OMIRCANODAL@HOTMAIL.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: NODAL VALES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
4790 GOLDEN GATE BLVD E

Mailing address, if different is:

NAPLES, FL 34120

ARTICLE III PURPOSE

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

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMIRCA R NODAL PRESIDENT

Name and Title: LUIS H NODAL VICE PRESIDENT

Address 4790 GOLDEN GATE BLVD E  
NAPLES, FL 34120

Address: 4790 GOLDEN GATE BLVD E  
NAPLES, FL 34120

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: JNNAZ PRO SERVICE INC  
Address: 13501 SW 128TH ST SUITE 217  
MIAMI, FL 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JNNAZ PRO SERVICE INC  
Address: 135001 SW 128TH ST SUITE 217  
MIAMI, FL 33186

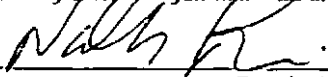
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/08/2019 (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*

 04/08/2019  
Required Signature/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.*

 04/08/2019  
Required Signature/Incorporator Date

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