

P1900074417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

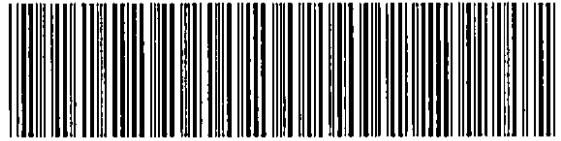
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19 OCT -3 AM 9:22

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19 OCT -3 AM 9:00
SECRET
ITALY/ASSISTANT

COVER LETTER

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

SUBJECT: NNW INVEST 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: LINDSAY MILLER

Name (Printed or typed)

600 BRICKELL AVE SUITE 3600

Address

MIAMI, FL 33131

City, State & Zip

305-789-2770

Daytime Telephone number

wilfrid@wetzl.at

E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE DIVISION

19 OCT -3 AM 9:00

FILED

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: NNW INVEST INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2201 Collins Avenue Unit 1226

8 The Green Suite A, Dover DE 19901

Miami Beach, FL 33139

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilfrid Wetzl, Director & President

Name and Title: _____

Address 2201 Collins Avenue Unit 1226

Address: _____

Miami Beach, FL 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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19 OCT -3 AM 9:00
SECRETARY OF STATE
DELAWARE

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: Limited Agent Services, LLC
Address: 9304 N Beechtree Way
Crystal River, FL 33428

ARTICLE VII INCORPORATOR

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

Name: LINDSAY MILLER
Address: 600 BRICKELL AVE SUITE 3600
MIAMI, FL 33131

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19 OCT -3 AM 9:00
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 30, 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

Required Signature/Registered Agent

9/24/19
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

9/24/19
Date