

Division of Corporations

https://www.flsos.org/scripts/efilcovr.exe

**P19000086315**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000337509 3)))



H190003375093ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : VDT CORPORATE SERVICES  
Account Number : 120160000047  
Phone : (305) 878-1516  
Fax Number : (786) 542-5995

**\*\*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  
NINA11 CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**NOV 20 2019**

**T. SCOTT**

Electronic Filing Menu

Corporate Filing Menu

Help

H190003375093

## COVER LETTER

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

SUBJECT: NINA11 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  
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: VDT CORPORATE SERVICES LLC

Name (Printed or typed)

150 SE 2ND AVE SUITE 905

Address

MIAMI, FLORIDA 33131

City, State & Zip

305 503-9867

Daytime Telephone number

INCORPORATION@SAINTJOSEPHGROUP.COM

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

NOTE: Please provide the original and one copy of the articles.

H190003375093

H190003375093

**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: NINA11 CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
150 SE 2ND AVE SUITE 906

Mailing address, if different is:

MIAMI, FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MANAGEMENT/CONSULTING**ARTICLE IV SHARES**The number of shares of stock is: 2000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BERNARDO FAYFMAN-PAddress: 150 SE 2ND AVE SUITE 906  
MIAMI, FL 33131Name and Title: Carla ZYNGIER PAYFMAN-VPAddress: 150 SE 2ND AVE SUITE 906  
MIAMI, FL 33131

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2019 NOV 19 PM 1:26  
CLERK OF DISTRICT COURT  
MIAMI, FL 33131

H190003375093

H190003375093

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: VDI CORPORATE SERVICES LLC  
Address: 150 SE 2ND AVE SUITE 905  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JOAO PEDRO VOLZ  
Address: 150 SE 2ND AVE SUITE 905  
MIAMI, FL 33131

**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

Nov. 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

Nov. 19, 2019  
Date

H190003375093