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.

(((H20000026057 3)))



H200000260573ABCW

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 : FLORIDA MULTISERVICES, INC.

Account Number : I20150000061

: (786)290-3319

Phone Fax Number

: (305)645-2035

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Hmultiservices Quahoo.com

## FLORIDA PROFIT/NON PROFIT CORPORATION NICHOLLS UNDERGROUND, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

K PAGE

JAN 2 4 2020

ス

Electronic Filing Menu

Corporate Filing Menu

Help

## NICHOLLS UNDERGROUND, CORP 1740 NW 77<sup>TH</sup> STREET MIAMI, FL 33147

Phone: 786-519-8805

January 23, 2020

FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that Ralph J. Nicholls Figueroa of NICHOLLS UNDERGROUND, CORP., Document No. P18000007613 is the same owner and President of the attached articles of incorporation. We have dissolved the company on September 27, 2019 and have no intent of reopening it.

Thank you for your help in this matter,

Sincerely yours,

Ralph Nicholls Figueroa

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, on January 23, 2020, appeared RALPH J. NICHOLLS FIGUEROA, who is personally known to me, and acknowledged that he executed the foregoing instrument for the purposes expressed therein.

LIA R. ABREU ROSALES, NOTARY PUBLIC, State of Florida



## **COVER LETTER**

Department of State New Filing Section Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions			TALLAHASSEE.
SUBJECT:	Nicholls Underg	YOURD, CORP.	UDE SUFFIX)	FLORIDA
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:	<b>-</b>
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	,
FROM:	Ralph J. Nich	OIS Flaveroa (Printed or typed)		
	, <u>, , , , , , , , , , , , , , , , , , </u>	Stilet Address		
_	Miami, F	( 33 14 ) State & Zip	<del></del>	
	796 - 519 Daytime T	-8805 elephone number		
_	Flmultiservices E-mail address: (to be used	Quahoo com	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:	Nicholls	· Una	teraro	und	Corp.			
ARTICLE II PRINCIP. 1740 NW T	ALOFFICE ncipal street addre 7 M St (ee) L 33147	\$\$ 			140 Muar	g address, if d NW 77 M), FL	ifferent is 1757(6 3314	et 1	<u></u> ,
ARTICLE III PURPOSE The purpose for which the	corporation is orga	anized is:(	any	and	all	lawful			
busine	<u>5S</u>						<u>₹</u>	2020	
				<del></del>			LAC:		
			_				ASS	AN 23	
							1933 10 人)		1
							FLO	PM	
							ORID.	უ	
	_	cholls Fig 77 stree	Veron N		fe:				
Name and Title:			N	ame and Tit	le:				
.Address		•	A	Address:					
Name and Title:		·····	N	lame and Titl	le:	<b></b>			
Address			A	ddress:					
_								<u></u>	
		•		-					

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	bie) of the registered agent is:	
Name: Ralph J. Nicholls Figue	7	
Address: 1740 NW 77th Stiget	SECRETARY ALLAHASSE	
M1am1, FC 33147	N 23 N 23 N 23	- -
ARTICLE VII INCORPORATOR	E OF PA	
The name and address of the Incorporator is:	I: 5 ORIO	
Name: Ralph J. Nicholls Fr	gueroa » »	
Address: 1740 NW 77th Street	of _	
Miami, FL 33147		
ARTICLE VIII EFFECTIVE DATE:	albana	
(If an effective date is listed, the date must be specific and o	3/2020 (OPTIONAL) 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 appli the document's effective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.	
Having been named as registered agent to accept service of proceedificate, I am familiar with and accept the appointment as re	cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity	
_ x	01/23/2020	
Required Signature/Registered Agent	t Date	
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.	
X ()	01/23/2020	
Required Signatuse/Incorporator	Date	