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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) 517-6381

From: Account Name : RIVEROS CORP.
Account Number : 120190000048
Phone : (305) 507-8464
Fax Number : (954) 533-5988

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
NRL ASSOCIATES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

J. FASON

OCT 30 2020

2020 OCT 29 AM 9:03

2020 OCT 29 PM 1:11

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COVER LETTER

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

SUBJECT: NRL ASSOCIATES 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 ☐ \$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: ZULMA RIVEROS

Name (Printed or typed)

175 SW 7TH ST STE 1905
Address

MIAMI FL 33130

City, State & Zip

305 507 8464

Daytime Telephone number

CEO@RJVEROSCORP.COM
E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: NRL ASSOCIATES CORP

1820 N CORPORATE LAKES BLVD. STE 205
WESTON, FL 33326

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL LEGAL ACTIVITIES

The number of shares of stock is: _____ 1 _____

Name and Title: PERDOMO, RICARDO / PRESIDENT Name and Title: _____

Address 1820 N CORPORATE LAKES BLVD, STE 205 Address:

WESTON, FL 33326.

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: BCS BRICKELL CORPORATE SERVICES INC

Address: 175 SW 7HT ST, STE 1905

MIAMI FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICARDO PERDOMO

Address: 1820 N CORPORATE LAKES BLVD, STE 205

WESTON, FL 33326

2020 OCT 29 AM 9:03
FILED
STATE
OFFICE

ARTICLE VIII EFFECTIVE DATE:

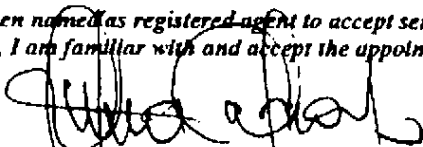
Effective date, if other than the date of filing: _____

_____, (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

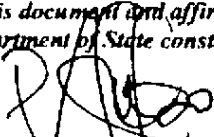


Required Signature/Registered Agent

10/29/2020

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

10/29/2020

Date