

P21 000018377

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 : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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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
N.U.P. #12 CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2021 FEB 26 AM 8:58

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:N.V.P #12 Corp.ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1130 S.W 127th CtMIAMI FL 33184ARTICLE III SHARES: The number of shares of stock is: 100ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:Geovani Gonzalez (P)ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

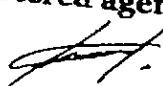
The name and Florida street address (PO Box not-acceptable) of the registered agent is:

1130 S.W 127th CtMIAMI FL 33184Geovani GonzalezARTICLE VI INCORPORATOR: The name and address of the Incorporator is:Geovani Gonzalez1130 SW 127th CtMIAMI FL 33184

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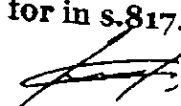
Required Signatures:

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



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.817.158, F.S.



Incorporator_____
Date

02/26/2021 17:27