

3/29/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**P210000 28597**

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.

(((H21000125452 3)))



H210001254523ABOW

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)617-6281

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****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
NILDY'S COUTURE, CORP.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date:
3-31-21

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NILDY'S COUTURE, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
7175 SW 47th ST. STE 201
MIAMI, FL 33155Mailing address, if different is:
7175 SW 47th ST. STE 201
MIAMI, FL 33175**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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NILDA ESTEVEZ - P

Name and Title: _____

Address 7175 SW 47th ST. STE 201

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 MAR 30 PM 1:51

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NILDA ESTEVEZ
Address: 7175 SW 47th ST. STE 201
MIAMI, FL 33155

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: NILDA ESTEVEZ
Address: 7175 SW 47th ST. STE 201
MIAMI, FL 33155

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 Agent03/24/21
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

Date

03/24/21

2021 MAR 30 PM 1:55