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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP		MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee	⊂ \$78,75 Filing Fee & Certificate of Status	X S78.75 Filing Fee & Certified Copy ADDITIONAL CO	 Z \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED 			
FROM	(~? · Nar Nar	V Printed or typed) SY Address				
Mon, F1 33196 City, State & Zip						
	7 X 6 SIJ - Daytime	5 3 / Telephone number				
_	E-mail address: (10 be u	ed for future annual report r	notification)			

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

ARTICLES OF INCORPORA In compliance with Chapter 607 and/or Chapt	
ARTICLET NAME The name of the corporation shall be: NE) Internation	nal Corporation
<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address <u>·544751v 980751</u> <u>Alternet EL 33196</u>	Mailing address, if different is:
$\frac{ARTICLE III - PURPOSE}{\text{The purpose for which the corporation is organized is: }} $	(All Lawfol purpose.
	2021 A PI
<u> </u>	
ARTICLE IV SHARES The number of shares of stock is:	PH 1:59
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Tube: $\underline{Edu}_{+} = \underline{M}_{+} $	
Address $134413w 13719e$ Addre $M_{end} \in [33191]$	Minni, F1 33176
Name and Title: Nurys (ustillo Poret - VP Name	and Title:
Address 15447 SU 92. J St Addre Minn. Fl 33196	255:
•	
Name and Title: Sandra Funzein Basst-Trensor Name	
Address 15441 50 42 - 1 51 Addre Minniff 33176	255:
	:

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Name ar	nd Title:	_ Name and Title:			
Addres	s	Address:			
<u>ARTICLE VI</u> The <u>name and F</u>	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is			
Name:	Lurmela lepedo				
Address:	15447 SW 93-151 M.ur. F1 33196				
	M.ur. F1 33196				
	INCORPORATOR			2021 APR -1 PH 1:5	
The <u>name and ar</u>	idress of the Incorporator is:		- · ·		
Name.	Larada ingita	_	; ;-	РН	
Address	15641 Nw 94-19-	_	r-	 	
	15642 Nov 14-19-	_	·	9	
Effective date, if	<u>EFFECTIVE DATE:</u> other than the date of filing: <u>033131</u> late is listed, the date must be specific and cann	. (OPTIONAL) of be more than five days prior (or 90 de	ıys after	the
Note: If the date the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this	s date wi	ill not be	fisted as
Having been nar	ned us registered agent to accept service of process f	or the above stated cornoration at			

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Carnelo Cristo Required Signature/Registered Agent

03/31/31 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 03/31/21