

P21 000034181

Florida Department of State
Division of Corporations
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H210001135043ABCR

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (786)650-1600
Fax Number : (786)650-1601

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

Email Address: INFO@2020TAXPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

NAA Services, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
1901 Bldg. 6127
Atlanta, GA 30334



SUBJECT: NAA Services, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

6. I used an original and one (1) copy of the articles of incorporation and a check for:

☐ \$7.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: 2020 TAX
Name (Printed or typed)

13501 SW 128th ST STE 217
Address

MIAMI, FL 33186
City, State & Zip

786-650-1600
Daytime Telephone number

info@2020TAXPRO.COM
E-mail address: (to be used for future annual report notifications)

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



H210001135043

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 631, F.S. (Florida)

ARTICLE I NAMEThe name of the corporation shall be: NAA Services, INCARTICLE II PRINCIPAL OFFICE

Principal street address:

13220 SW 58th Terr APT #7
Miami, FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All lawful businessARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Fabio Nelson AparicioName and Title: Aguila PresidentAddress: 13220 SW 58th Terr

Address:

APT #7Miami, FL 33183

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:



H210001135043

Name and Title _____
 Address _____

ARTICLE VI. REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: 2020 TAX
 Address: 13501 SW 128th ST STE 217
MIAMI, FL 33186

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Name: 2020 TAX
 Address: 13501 SW 128th ST STE 217
MIAMI, FL 33186

ARTICLE VIII. EFFECTIVE DATE:

Effective date (if not or 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.

I am not being named as registered agent to accept service of process for the above stated corporation in 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 Signature/Registered Agent
 Date: 3/21/21

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.

 Registered Signature/Incorporator
 Date: 3/21/21