

4/27/2021

Division of Corporations

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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)617-6381

From:

Account Name : BOOKKEEPING DONE RIGHT INC
Account Number : I20200000064
Phone : (786)566-7026
Fax Number : (205)881-1104

****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 M A Auto Tag Agency Corp**

Certificate of Status	0
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Page Count	01
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: N M A Auto Tag Agency Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address9090 NW S River Dr Bay 18
Medley, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: any and all lawful businesses.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Oliva, Naysa President

Name and Title: _____

Address 9090 NW S River Dr Bay 18

Address: _____

Medley, FL 33166

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Naysa OlivaAddress: 9090 NW S River Dr Bay 18Medley, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Naysa OlivaAddress: 9090 NW S River Dr Bay 18Medley, FL 33166**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/01/2021 (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 Agent05/01/2021

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/Incorporator05/01/2021
Date