

P21000069011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

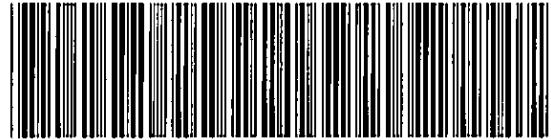
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL 29 AM 9:20

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CLERK OF STATE 2021 JUL 29 AM 11:16  
TALLAHASSEE, FL

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INVERSIONES NISSI INC

SUBJECT: \_\_\_\_\_

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
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: \_\_\_\_\_

PATRICIO FRIAS

\_\_\_\_\_  
Name (Printed or typed)

9907 THREE LAKES CIRCLE

\_\_\_\_\_  
Address

BOCA RATON, FL 33428

\_\_\_\_\_  
City, State & Zip

3056772151

\_\_\_\_\_  
Daytime Telephone number

OPERATIONS@ACHIEVEGEA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



Department of State

Division of Corporations

Date: 07/29/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## Stealth Courier Box

Company: Inversiones Nissi

Requester: **Achieve Group**

Order: 13318737

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

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME** INVERSIONES NISSI INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

9907 THREE LAKES CIRCLE  
BOCA RATON, FL, 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA CAMPANA ALBAN S

Name and Title: \_\_\_\_\_

Address 19712 DINNER KEY DRIVE

Address: \_\_\_\_\_

BOCA RATON, FLORIDA 33498

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 AGENT**

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

Name: PATRICIO FRIAS  
Address: 9907 THREE LAKES CIRCLE  
BOCA RATON, FL, 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PATRICIO FRIAS  
Address: 9907 THREE LAKES CIRCLE  
BOCA RATON, FL, 33428

**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 Agent

07/29/2021  
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/Incorporator

07/29/2021  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

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