

P21000069011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

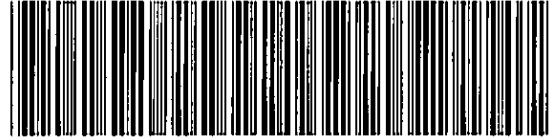
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/29/21--01008--011 **70.00

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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
9907 THREE LAKES CIRCLE
BOCA RATON, FL, 33428

Mailing address, if different is:

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
Date 07/29/2021

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 07/29/2021

SECRETARY OF STATE
TALLAHASSEE, FL

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