

7/15/2021

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Division of Corporations

P21000072162

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 : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

21 AUG 11 PM 12:43
ALL AMSSLT, FLORIDA

****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@yourdreamms.com

FLORIDA PROFIT/NON PROFIT CORPORATION
NIVEL CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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August 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: NIVEL CORP
REF: W21000107739

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard previous fax.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000271567
Letter Number: 021A00018081

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August 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of CorporationsNIVEL CORP
1227 FAIRLAKE TRACE UNIT 702
WESTON, FL 33326

The Articles of Incorporation for NIVEL CORP were filed on July 30, 2021, and assigned document number P21000069391. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number H21000271567.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at (850) 245-6052.

Sincerely,
Karen Lovelace
Regulatory Specialist II
New Filings Section
Division of Corporations

Letter Number: 521A00018078

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COVER LETTER

(((H21000271567 3)))

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

SUBJECT: NIVEL CORP**(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Hugo Calle
Name (Printed or typed)

1227 Fairlake Trace Unit 702
Address

Weston, Florida 33326
City, State & Zip

954-205-7573
Daytime Telephone number

nivelphotographybypcalleg@gmail.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAMEThe name of the corporation shall be: NIVEL CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1227 Fairlake Trace Unit 702Weston, Florida 33326

Mailing address, if different is:

1227 Fairlake Trace Unit 702Weston, Florida 33326**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Hugo Calle / PresidentName and Title: Daniel Figueroa / Vice-PresidentAddress: 1227 Fairlake Trace Unit 702Address: 1227 Fairlake Trace Unit 702Weston, Florida 33326Weston, Florida 33326

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____ Name and Title: _____ (((H21000271567 3)))
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Your Dream Multiservices Corp
 Address: 8300 Nw 53rd St Suite 350
Miami Florida 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Isamar Torres
 Address: 8300 Nw 53rd St Suite 350
Miami, Florida 33166

FILED
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 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/15/2021 (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

Your Dream Multiservices Corp 07/15/2021
 Required Signature/Registered Agent 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.

Isamar Torres 07/15/2021
 Required Signature/Incorporator Date

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