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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
NA CREATIVE INC**

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

075350000353

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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: NA CREATIVE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6365 COLLINS AVE #17046365 COLLINS AVE #1704MIAMI BEACH, FL 33141MIAMI BEACH, FL 33141**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MANAGEMENT

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARESThe number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NAIDA ALI, President

Name and Title: _____

Address: 6365 COLLINS AVE #1704

Address: _____

MIAMI BEACH, FL 33141

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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 SECRETARY
 TALLON

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: NAIDA ALI

Address: 6365 COLLINS AVE #1704

MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NAIDA ALI

Address: 6365 COLLINS AVE #1704

MIAMI BEACH, FL 33141

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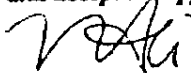
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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:*

X



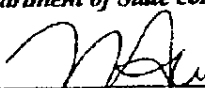
Required Signature/Registered Agent

12/14/21

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.

X



Required Signature/Incorporator

12/14/21

Date