

01/11/2022 10:07
1/10/22, 4:38 PM

(FAX)

P.0014003

P22000002467

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000012833 3)))



H220000128333ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN 11 AM 9:57

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sales@eloenterprises.us
SALES@ELOENTERPRISES.US

**FLORIDA PROFIT/NON PROFIT CORPORATION
NATO WOOD DESIGN, CORP.**

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

RECEIVED

2022 JAN 11 AM 10:20

H 220000128333

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NATO WOOD DESIGN, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
5440 W State Road 84 - Bay 8
Davie, FL 33314Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.

_____2022 JAN 11 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Tabatta Daizi Silva - P Name and Title: Renato G. Ramos de Lima - VPAddress: 3015 W Signature Dr. #305 Address: 3015 W Signature Dr. #305
Davie, FL 33314 Davie, FL 33314

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

H22 0000128333

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: ELO ENTERPRISES, INC.
 Address: 4700 NW Boca Raton Blvd #200
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Renato Gustavo Ramos de Lima
 Address: 3015 W Signature Dr. #305
Davie, FL 33314

ARTICLE VIII EFFECTIVE DATEEffective date, if other than the date of filing: 01/10/2022 (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

01/10/2022
 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

01/10/2022
 Date

2022 JAN 11 AM 9:57
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED