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

From:
Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
NEHO INVESTMENTS CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
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RECEIVED
2022 MAY 16 PM 2:00
CORPORATIONS
COMMERCIAL
SERVICES

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME**NEHO INVESTMENTS CORP**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address
2794 Sunkissed Dr

Mailing address, if different is: _____

Saint Cloud, FL 34771

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: **Any And All Lawful Purposes****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Nehomar E Soto Ferrebus - President**Address **2794 Sunkissed Dr****Saint Cloud, FL 34771**

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022 MAY 16 AM 10:23

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: ALEX PINA CO.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Nehomar E Soto Ferrebus
Address: 2794 Sunkissed Dr
Saint Cloud, FL 34771

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

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.

Nehomar Soto
Required Signature/Incorporator

05/13/2022
Date