

# P220000065753

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
N. ULLOA COMPANY CORP**

Certificate of Status	0
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Page Count	04
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**COVER LETTER**

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

**SUBJECT:** N. ULLOA COMPANY 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:** NIVALDO ULLOA ABREU  
Name (Printed or typed)  
3494 E 4 AVENUE APT # 3  
Address  
HIALEAH, FL 33013  
City, State & Zip  
(786) 263-8083  
Daytime Telephone number  
NIVALDOU@ICLOUD.COM  
E-mail address: (to be used for future annual report notification)

2022 AUG 22 AM 2:08

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: N. ULLOA COMPANY CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
3494 E 4 AVENUE APT # 3  
HIALEAH, FL 33013Mailing address, if different is:  
3494 E 4 AVENUE APT # 3  
HIALEAH, FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NIVALDO ULLOA ABREU - PRES Name and Title: \_\_\_\_\_Address 3494 E 4 AVENUE APT # 3  
HIALEAH, FL 33013

Address: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: NIVALDO ULLOA ABREUAddress: 3494 E 4 AVENUE APT # 3  
HIALEAH, FL 33013**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: NIVALDO ULLOA ABREUAddress: 3494 E 4 AVENUE APT # 3  
HIALEAH, FL 33013**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 08/22/2022 (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 Agent08/22/2022

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/Incorporator08/22/2022

Date

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