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(Requestor's Name)

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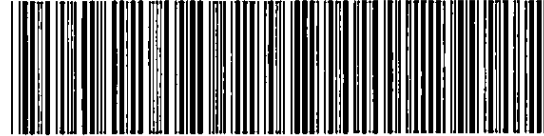
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP -7 2022

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DIVISION OF CORPORATIONS
22 SEP -7 PM 3:50

COVER LETTER

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

SUBJECT: Naturally Nida Inc.
(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: Yasir Billoo, Esq.
Name (Printed or typed)

2122 Hollywood Blvd.
Address

Hollywood, FL 33020
City, State & Zip

954-374-7722
Daytime Telephone number

ybilloo@ilp.law
E-mail address: (to be used for future annual report notification)

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

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Naturally Nida Inc.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: SETH

09/06/22

Name

Date

Time

Walk-In

Will Pick Up

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: Naturally Nida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12240 SW 53rd Court
Suite 502

12240 SW 53rd Court
Suite 502

Cooper City, FL 33330

Cooper City, FL 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful purposes, whatsoever.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nida Siddiq Name and Title: _____

Address 12240 SW 53rd Court Address: _____

Suite 502 _____

Cooper City, FL 33330 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP -7 PM 3:50

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: Yasir Billoo, Esq.

Address: 2122 Hollywood Blvd.

Hollywood, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nida Siddiq

Address: 12240 SW 53rd Court, STE 502

Cooper City, FL 33330

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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 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

Yasir Billoo

Required Signature/Registered Agent

08/22/2022

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.

Nida Siddiq

Required Signature/Incorporator

08/22/2022

Date