

P22000081256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

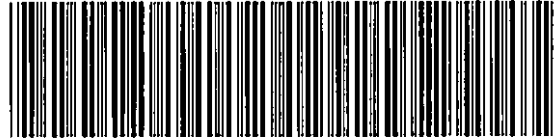
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

OCT 26 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 25 AM 10:20

RECEIVED
2022 OCT 25 PM 3:59
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Negron Management 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee.
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jorge Negron

Name (Printed or typed)

23424 SW 53rd Ave Apt E

Address

Boca Raton, FL 33433

City, State & Zip

939-260-9290

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$70.00

AUTHORIZATION SIGNATURE: _____

James L. Luth

NEGRON MANAGEMENT INC.

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy (please stamp each page)

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

☒ **CORP**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ APOSTIL () _____

___ Other

Country

EXAMINER'S INITIALS: _____

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: Negron Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

23424 SW 53rd Ave. Apt. E
Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 25 AM 10:00
J

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Negron / D Name and Title: _____

Address 23424 SW 53rd Ave Apt E Address: _____
Boca Raton, FL 33433

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jorge Negron
Address: 23424 SW 53rd Ave Apt E
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Negron
Address: 23424 SW 53rd Ave Apt E
Boca Raton, FL 33433

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2022 OCT 25 AM 10:30
DIVISION OF CORPORATIONS

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

Jorge Negron 10/21/2022
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.

Jorge Negron 10/21/2022
Required Signature/Incorporator Date