

P22000089035
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036

Fax Number : (954)246-0340

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NIKATTO CORPORATION

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

202212-2 PM 3:14

202212-2 AM 12:39

JS

COVER LETTER

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

#2200040873 3

SUBJECT: NIKATTO CORPORATION
(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: Antonio Jimenez Rueda
Name (Printed or typed)

5402 Palm Avenue
Address

Hialeah, FL, 33012
City, State & Zip

305 822 9111
Daytime Telephone number

nathaly.cuartas@taxcareinc.com
E-mail address: (to be used for future annual report notification)

copy 12-2 AM 12:39

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:

NIKATTO CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5402 Palm Ave, Hialeah, FL, 33012

12555 Orange Dr. Ste 4043, Davie, FL, 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale hardware

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: **Antonio Jimenez**

Name and Title:

Address **5402 Palm Ave, Hialeah, FL, 33012**

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

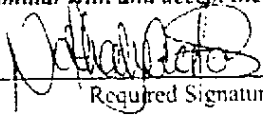
Name and Title: _____ Name and Title: _____

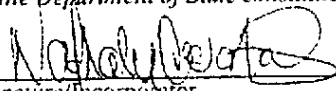
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Tax Care Pembroke Pines
Address: 12555 Orange Dr, Ste 265
Davie, FL 33330**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Nathaly Cuartas
Address: 12555 Orange Dr, Ste 265
Davie, FL 33330**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 Agent12/02/22
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/Incorporator12/02/22
Date