

P23000057425

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230002697073))



H2300026970734EC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
NUNY COUTURIER INC

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

RECEIVED

2023 AUG -3 PM12:06

REGISTRARS
OF
CLAS
SES

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG -3 AM 9:23

FILED

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: NUNY COUTURIER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4970 E PORTOFINO LANDINGS BLVD UNIT 102

4970 E PORTOFINO LANDINGS BLVD UNIT 102

FORT PIERCE, FL 34947

FORT PIERCE, FL 34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clothings sewing and designs

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YESENIA M GONZALEZ, PRESIDENT Name and Title:

Address 4970 E PORTOFINO LANDINGS BLVD UNIT 102 Address:

FORT PIERCE, FL 34947

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2023 AUG - 3 AM 5:23
SEC. OF STATE
TALLAHASSEE, FL

FILED

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: YESENIA M GONZALEZ
Address: 4970 E PORTOFINO LANDINGS BLVD UNIT 102
FORT PIERCE, FL 34947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YESENIA M GONZALEZ
Address: 4970 E PORTOFINO LANDINGS BLVD UNIT 102
FORT PIERCE, FL 34947

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: 7.29.2023

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/Incorporator Date: 7.29.2023

FILED
2023 AUG -3 AM 9:23
DEPARTMENT OF STATE
TALLAHASSEE, FL