P2300007229

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

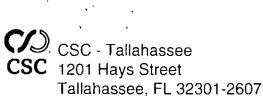
Office Use Only



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対域の関係が必要



850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 10/09/23 Order #: 1288362-1 Re: Nawter, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

SUBJECT: Nawter			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
EROM. Fk	orencia Fernandez		
FROM:	Nam	e (Printed or typed)	
110	01 Brickell Ave, Suite N1400		
		Address	
Mia	ami, FL 33131		
_	City	, State & Zip	
786	6-598-8007 (Ext.2213)		
	Daytime 1	Celephone number	
flor	encia.fernandez@rclawllp.net		
	E-mail address: (to be use	d for future annual report r	notification)

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)

The name of the compart	ion shall be:		
<u>ARTICLE II PŖINÇ</u>		Mailir ————	ng address, if different is:
ARTICLE III PURPO The purpose for which the	<u>OSE</u> the corporation is organized is:	all lawfu l business	<u>-</u>
	· · · · · · · · · · · · · · · · · · ·		7.00
	L OFFICERS AND/OR DIRECTORS		7-9 61 9:04
Name and Title Address	Jesús Juárez Molina, Director 1101 Brickell Ave, Suite N1400 Miami, FL, 33131	Name and Title: Address:	
Name and Title:			
Name and Title:		Name and Title:	

	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable) Corporation Service Company	of the registered agent is:	
Address:	1201 Hays Street	_	
, rour en.	Tallahassee, FL 32301	_	
ARTICLE VII	<u>INCORPORATOR</u>		237
The name and a	ddress of the Incorporator is:		7377057 S
Name:	Florencia Fernandez		1
Address:	1101 Brickell Ave, Suite N1400		9 . · · · · · · · · · · · · · · · · · ·
	Miami, FL, 33131	_) 10 :6 //
Effective date, it	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 9	
	e inserted in this block does not meet the applicab effective date on the Department of State's record		ate will not be listed as
Having been nat certificate, I am	ned as registered agent to accept service of process familiar with and accept the appointment as regist Aliva Ollo	tered agent and agree to act in this cape	ucity
	Assistant Vice President	10/0	09/2023
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false infoony as provided for in s.817,155, F.S.	rmation submitted in a
	WO ?	1	10.09.23
Required Signate	ure/Incorporator	Date	