

12/26/24, 1:16 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P24000076954

12-26-24

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.

(((H24000422003 3)))



H240004220033ABCR

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 : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

RECEIVED

2024 DEC 26 PM 1:57

FLORIDA PROFIT/NON PROFIT CORPORATION

Nicohvacmarine, Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

24 DEC 26 AM 9:45

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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: Nicohvacmarine, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5401 SW 57th St Davie FL 33314

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To fix air condition systems in boats and residences

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernesto Nicoladies, President Name and Title: _____

Address 5401 SW 57th St Davie FL 33314 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
24 DEC 26 AM 9:45
TALLAHASSEE, FLORIDA

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: Ernesto Nicoladies
 Address: 5401 SW 57th St Davie FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ernesto Nicoladies
 Address: 5401 SW 57th St Davie FL 33314

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:

Nico _____ 12/18/24
 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.

Nico _____ 12/18/14
 Required Signature/Incorporator Date

FILED
 SECRETARY OF STATE
 24 DEC 26 AM 9:45
 CORPORATION