

TRANSMITTAL LETTER

P980000092225

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

100002675651--9

-10/29/98--01061--004

*****78.50 *****78.50

SUBJECT: NELLY CHOE FATI, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$78.50
Filing Fee & Certificate

☐ \$122.50
Filing Fee & Certified Copy

FROM :

NELLY CHOE FATI

Name

16212 MARSHFIELD DRIVE

Street Address

TAMPA FLORIDA 33624

City, State & zip

(813) 960 - 4033

Daytime Phone Number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 OCT 29 PM 3:24

FILED

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

afc
10/29

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be :

NELLY CHOEFATI, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be :

***16212 MARSHFIELD DRIVE
TAMPA FLORIDA 33624***

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **(1000) one thousand shares of one dollar (\$1.00) par value common stock, which shall be designated "COMMON STOCK".**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

***NELLY CHOEFATI
16212 MARSHFIELD DRIVE
TAMPA FLORIDA 33624***

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to theses Articles of Incorporation is (are) :

**NELLY CHOE FATI
16212 MARSHFIELD DRIVE
TAMPA FLORIDA 33624**

President

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

23 rd

day of OCTOBER 1998



Signature

Signature

Signature

Signature

Articles of Incorporations

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is : NELLY CHOEFATI, INC.

2. The name and address of the registered agent and office is :

NELLY CHOEFATI

(Name)

16212 MARSHFIELD DRIVE

(P.O.BOX "not" accepted)

TAMPA FLORIDA 33624

(City/State/Zip)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nelly Choefati
Signature

October 26, 1998

Date