

P23000004772

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.

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

From:
Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address: Asistenola.gohkar@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
NOMADA DIGITAL INC

2023 01 20 PM 12:03

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



January 19, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THREE K FAST CARRIER SERVICES INC

SUBJECT: NOMADA DIGITAL INC
REF: W23000005682

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H23000021996
Letter Number: 723A00001376

1/20/23

@ DilSultana

PK reattached.

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COVER LETTER

#13000219163 No. 6609 P. 3

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

SUBJECT: Nomada Digital, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Maria Luisa Pino
Name (Printed or typed)

381 E Sheridan ST Building J
Address

Dania, FL 33004 - 5566
City, State & Zip

954 997 7268
Daytime Telephone number

Asistencia.achkar@gmail.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: Nomad Digital, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
381 E Sheridan St Building 5

Mailing address, if different is:
381 Sheridan St Building 5

Dania FL 33004 - 5566

Dania FL 33004 - 5566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) Maria Luisa Pino Name and Title: _____

Address 381 E Sheridan St Building 5 Address: _____

Dania, FL 33004-5566 _____

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ignacio Calixte
 Address: 9022 NW 23rd St
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Ignacio Calixte
 Address: 9022 NW 23rd St
Coral Springs FL 33065

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/18/2023 (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 01/18/2023

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 01/18/2023