

P11000051403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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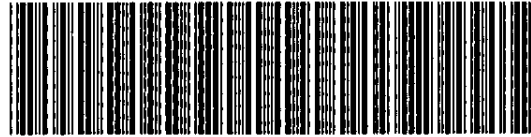
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 PM 1:48

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAY 31 AM 11:49
DIVISION OF CORPORATIONS

May 17, 2011

MIHAILO NIKOLIC
320 NE 12 AVE, STE 302
HALLANDALE BEACH, FL 33009

SUBJECT: NIKOLIC CORPORATION
Ref. Number: W11000027182

We have received your document for NIKOLIC CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 911A00012188

COVER LETTER

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

SUBJECT: NIKOLIC CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: MIHAILO NIKOLIC

Name (Printed or typed)

320 NE 12 AVE, STE. 302

Address

HALLANDALE BEACH FL 33009

City, State & Zip

954-483-3283

Daytime Telephone number

SANJA1979@HOTMAIL.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 31 PM 1:48

ARTICLE I NAME

The name of the corporation shall be:

NIKOLIC CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

919-921 NE 7 ST
HALLANDALE BEACH FL 33009

Mailing address, if different is:

320 NE 12 AVE, STE. 302
HALLANDALE BEACH FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STARTED A NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIHAILO NIKOLIC - PRESIDENT
Address: 320 NE 12 AVE, STE. 302
HALLANDALE BEACH FL 33009

Name and Title: SANDRA NIKOLIC - VP
Address: 320 NE 12 AVE, STE. 302
HALLANDALE BEACH FL 33009

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

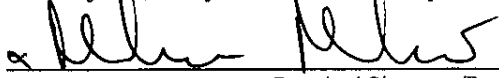
Name: MIHAILO NIKOLIC
Address: 320 NE 12 AVE, STE. 302
HALLANDALE BEACH FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIHAILO NIKOLIC
Address: 320 NE 12 AVE, STE. 302
HALLANDALE BEACH FL 33009

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

5-11-11
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.


Required Signature/Incorporator

5-11-11
Date