

N 12000005210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

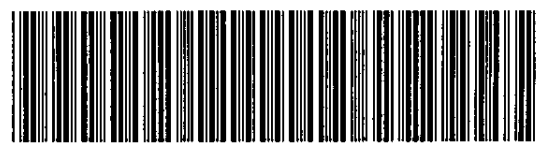
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2544-
W12000025505



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05/07/12--01016--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 PM 4:43

5/23/12

COVER LETTER

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

SUBJECT: **NULA INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: **ATP BUSINESS SOLUTIONS INC**
Name (Printed or typed)

5052 W COLONIAL DRIVE
Address

ORLANDO, FL 32808
City, State & Zip

407 522 4480
4832 CASHOWE Telephone number

STUFF65@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 PM 4:43



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12 MAY 21 PM 4:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

ATP BUSINESS SOLUTIONS INC
5052 W COLONIAL DRIVE
ORLANDO, FL 32808

SUBJECT: NULA INC.
Ref. Number: W12000025505

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 212A00013758

RECEIVED
12 MAY 21 AM 11:32
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: NULA BENEFITS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4832 CASON COVE # 206
ORLANDO FL 32811

12 MAY 21 PM 4:43
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE III PURPOSE - ATTACHED

ARTICLE 5 DISSOLUTION - ATTACHED

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors shall be duly elected at annual meeting of the organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Berthony Petit-frere - President
Address: 4832 CASON COVE # 206
Orlando FL 32811

Name and Title: _____
Address: _____

Name and Title: Joseph Celestin - Vice President
Address: 4832 CASON COVE # 206
Orlando FL 32811

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: Berthony Petit-frere
Address: 4832 CASON COVE # 206
Orlando FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ATP BUSINESS SOLUTIONS INC
Address: 5052 W COLONIAL DRIVE
ORLANDO, FL 32808

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 of Registered Agent

6/3/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

6/3/2012
Date

ARTICLES OF INCORPORATION
FOR NULA BENEFITS INC.

Section III Purpose

This organization is organized exclusively for charitable , religious, educational and scientific purpose, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Section V Dissolution

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purpose within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a e state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then locate, exclusively for such purposes or to such organizations or organizations as said Court shall determine, which are organized and operated exclusively for such purposes.