

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 3327
Tallahassee, FL 32314

SUBJECT:

No Pockets 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Theresa A. Palmisano
Name (Printed or typed)

1802-102N University Dr. #231
Address

Plantation, FL 33322
City, State & Zip

954.217-8372
Daytime Telephone number

300003511523--4
-12/22/00--01048--012
*****87.50 *****87.50

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

12/22

FILED
00 DEC 22 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

NO Pockets, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1802-102n University Drive #231
Plantation, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The primary business of the corporation will be the purchase and selling of real estate, and all other activities and purposes that are lawful in the state of Florida and in the best interests of the corporation.

ARTICLE IV SHARES

The number of shares of stock is:

"the corporation initially authorizes 100 shares of common stock at no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

John J. Palmisano
1802-102N University Drive #231
Plantation, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Theresa Palmisano
1802 102n University Dr #231
Plantation, FL 33322

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


Signature/Registered Agent

12-11-00
Date


Signature/Incorporator

12-11-00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA