

PO1000010608

TRANSMITTAL LETTER

FILED

01 JAN 29 PM 3:18

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: NIDO Group, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003589896--8  
-01/29/01--01086--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: NIDO Group, Inc. - Nicholas Flaskay  
Name (Printed or typed)

255 Forest Lakes Blvd. N.  
Address

Oldsmar, FL 34677  
City, State & Zip

(813) 854-4010 - Ext. 121  
Daytime Telephone number

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

2/1/29/01 -

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

NIDO Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

255 Forest Lakes Blvd. N.  
Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

1000

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:

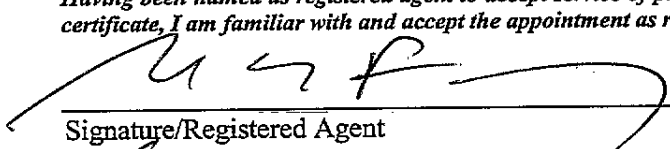
Nicholas Flaskay  
255 Forest Lakes Blvd. N.  
Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

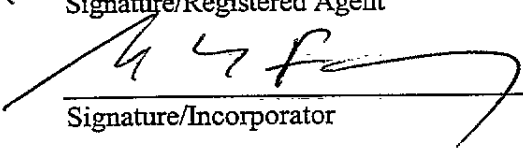
The name and address of the Incorporator is:

Nicholas Flaskay  
255 Forest Lakes Blvd. N.  
Oldsmar, FL 34677

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date