

TRANSMITTAL LETTER

P01000040152

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

SUBJECT: Nittomax Films, Inc.
(Proposed corporate name - must include suffix)

900004033729--8
-04/13/01--01105--005
*****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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert Nittolo (Nittomax Films, Inc.)
Name (Printed or typed)

7522 Greenville Circle
Address

Lake Worth, FL 33467
City, State & Zip

561-963-6195
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 19 AM 11:21

FILED

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

gr 4/20

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Nittomax Films, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7522 Greenville Cr.
Lake Worth, FL 33467

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert Nittob
7522 Greenville Circle
Lake Worth, FL 33467

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robert Nittob 7522 Greenville Circle Lake Worth, FL 33467



Signature/Incorporator

4/16/01

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

4/16/01

Date

FILED
01 APR 19 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA