

P01 000102475
TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 22 AM 11:18

SUBJECT: NORMANDIE'S KORNER, LIMITED
(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: LYNN WILLIAMS
Name (Printed or typed)

5939 HAPPY HOLLOW
Address

MILTON, FL 32570
City, State & Zip

(850) 981-9533
Daytime Telephone number

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-10/22/01--01035--002
*****78.75 *****78.75

Lynn GAVE
AUT. BY PHONE TO
CO. 65 + I
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F. CHESER OCT 22 2001

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)

ARTICLE I NAME

The name of the corporation shall be:

NORMANDIE'S KORNER LIMITED INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5939 HAPPY HOLLOW
MILTON, FL 32570

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE RETAIL ITEMS TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LYNN WILLIAMS
5939 HAPPY HOLLOW
MILTON, FL 32570

ARTICLE VI REGISTERED AGENT

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

LYNN WILLIAMS
5939 HAPPY HOLLOW
MILTON, FL 32570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNN WILLIAMS
5939 HAPPY HOLLOW
MILTON, FL 32570

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

Signature/Incorporator

Date

Date

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