

P03000155709

EFFECTIVE DATE
1-1-04

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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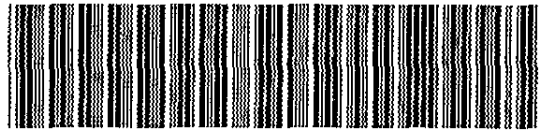
Michael GAVE

AUTHORIZATION BY PHONE TO

CORRECT Stock shares

DATE 12/24/03

DOC. EXAM D. White



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: NOE-MAN CORPORATION
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MICHAEL R. THOMAS
Name (Printed or typed)

189 EVERGREEN RD. N. FT. MYERS FLORIDA 33903
Address

N. FT. MYERS FLORIDA 33903
City, State & Zip

(239) 731-9860
Daytime Telephone number

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:

NOR-MAN DARTANION CORPORATION

(AN S CORPORATION)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

189 EVERGREEN RD. N.FT. MYERS FLORIDA ; 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE INVESTING AND AND ANY OTHER LEGAL BUSINESS
AND-~~THE~~ ADMINISTRATION OF LAND TRUSTS AND ESTATE PLANNING

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL R. THOMAS 189 EVERGREEN RD. N. FT. MYERS FLORIDA,
(PRESIDENT) AND ALL OTHER NESSESARY TITLES

ARTICLE VI REGISTERED AGENT

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

MICHAEL R. THOMAS 189 EVERGREEN RD. N. FT. MYERS FLORIDA
33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL R. THOMAS 189 EVERGREEN RD. N. FT. MYERS FLORIDA
33903

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

Michael R Thomas

Signature/Registered Agent

12-11-03

Date

Michael R Thomas

Signature/Incorporator

12-11-03

Date

EFFECTIVE DATE
1-1-04

EFFECTIVE DATE=
JANUARY 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA