

PO400011646Y

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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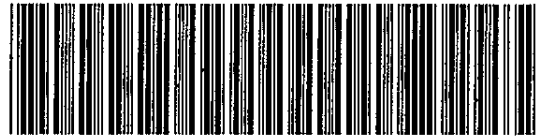
(Business Entity Name)

(Document Number)

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08/09/04--01/02/05 **78,75

04/09/04 11:24:00
STATE
TALLAHASSEE, FLORIDA

TS08/10/04

TRANSMITTAL LETTER

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

SUBJECT: Nikki's Retreat, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$87.50
Filing Fee

☐ \$70.00
Filing Fee
& Certificate
Of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$78.75
Filing Fee
& Certified Copy
& Certificate
of Status

ADDITIONAL COPY REQUIRED

FROM: Nikki's Retreat, Inc.
Name (Printed or typed)
4903 GRAINARY AVENUE
Address
TAMPA FL 33624
City, State & Zip
1-813-493-3049
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:

Nikki's Retreat, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4903 Grainary Avenue
Tampa, FL 33624*

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

ARTICLE IV - SHARES OF STOCK

The number of shares of stock is:

100 @ \$1 par value

ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

*Cindy S. Simpson
4903 Grainary Avenue
Tampa FL 33624*

ARTICLE VI - REGISTERED AGENT

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

*Cindy S. Simpson
4903 Grainary Avenue
Tampa, FL 33624*

FILED
04 AUG - 9 PM 2:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Cindy S. Simpson
4903 Grainary Avenue
Tampa FL 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of August, 2004.

Cindy S. Simpson
Name

8/4/2004
Date

Name

Date

Name

Date

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

Nikki's Retreat, Inc.

2. The name and address of the registered agent and office is:

*Cindy S. Simone
4903 Grainary Avenue
Tampa FL 33624*

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

Cindy S. Simpson, 8/4/2004

FILED
04 AUG -9 PM 2:10
CLERK OF STATE
TALLAHASSEE, FLORIDA