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TRANSMITTAL LETTER

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Subject: **NINFA'S DOLLAR PLUS, INC.**

I have enclosed an original and 1 (ONE) Copy of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

I have also enclosed a check in the amount of \$8.75 to request a Certified copy of the Articles of Incorporation filed within.

Thank you.

From: _____


NINFA TROCONIS
820 SUNFLOWER CIRCLE
WESTON, FL 33327
(954) 217-3922

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04/20/19 PM 2:37

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**ARTICLES OF INCORPORATION
OF**

NINFA'S DOLLAR PLUS, INC.

ARTICLE I

NAME

The name of the corporation shall be:

NINFA'S DOLLAR PLUS, INC.

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ARTICLE II

PRINCIPAL OFFICE

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

**NINFA'S DOLLAR PLUS, INC.
171 WESTON ROAD, BAY #5
WESTON, FL 33326**

ARTICLE III

CAPITAL STOCK

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

100 (One Hundred)

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**NINFA TROCONIS
820 SUNFLOWER CIRCLE
WESTON, FL 33327
(954) 217-3922**

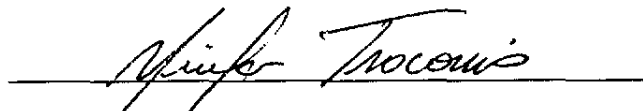
ARTICLE V

INCORPORATOR

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

**NINFA TROCONIS
820 SUNFLOWER CIRCLE
WESTON, FL 33327
(954) 217-3922**

The undersigned has executed these Articles of Incorporation this 10th Day of November, 2004


Ninfa Troconis, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in the designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

**NINFA'S DOLLAR PLUS, INC.
171 WESTON ROAD, BAY #5
WESTON, FL 33326
(954) 217-3922**

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

**NINFA TROCONIS
820 SUNFLOWER CIRCLE
WESTON, FL 33327
(954) 217-3922**

Signature: _____

Title: _____

Date: _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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 ON MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: _____

Date: _____

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