

P05000001237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

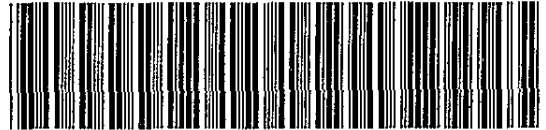
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05 JAN -4 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# TRANSMITTAL LETTER

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

**SUBJECT:** Nikomon, Inc.

**(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: Christine Santos-Nurse  
Name (Printed or typed)

832 SW Monica Street  
Address

Port St. Lucie, Florida 34953  
City, State & Zip

772-216-8288  
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:

Nikommon, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

832 SW Monica Street, Port St. Lucie Florida 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To establish a Retail/Electronic business

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Christine Santos-Nurse, Owner  
832 SW Monica Street  
Port St. Lucie, Florida 34953

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Christine Santos-Nurse  
832 SW Monica Street  
Port St. Lucie, Florida 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Christine Santos-Nurse  
832 SW Monica Street  
Port St. Lucie, Florida 34953

\*\*\*\*\*

*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*

Christine Santos-Nurse

Signature/Registered Agent

12/27/04  
Date

Christine Santos-Nurse

Signature/Incorporator

12/27/04  
Date

APPROVED  
AND  
FILED

05 JAN -4 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA