

POS0000062497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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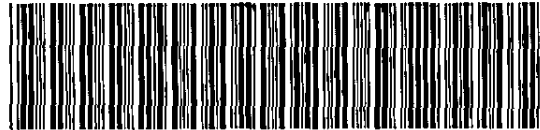
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/05--01052--004 **120.00

04/28/05--01052--004 **120.00

RECEIVED
05 APR 28 PM 1:51
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
FILED
05 APR 28 PM 2:31

TRANSMITTAL LETTER

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

SUBJECT: N. and L. Inc. of Tallahassee
(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: Loai Mousa
Name (Printed or typed)

1600-A Abridge Dr.
Address

Tallahassee, FL 32308
City, State & Zip

850-567-5218
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:

Nand L Inc. of Tallahassee

05 APR 28 PH 2:31

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*535 A&B Silver Slipper Lane
Tallahassee, Fl. 32303*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Coffee Shop

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):

*Loai Mousa 1600-A Akridge Dr. Tallahassee, Fl. 32308 (President
Nedal FofD 2810 Sherer Rd (Wackamow Plaza) Tallahassee, FL 32301* *Treasurer*

ARTICLE VI REGISTERED AGENT

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

*Loai Mousa
1600-A Akridge Dr. Tallahassee, Fl. 32308*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Loai Mousa
1600-A Akridge Dr. Tallahassee, Fl. 32308*

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

Loai Mousa
Signature/Registered Agent

4-28-05
Date

Loai Mousa
Signature/Incorporator

4-28-05
Date