# 905000079059

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (Addiess)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Littly Ivanie)                |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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### TRANSMITTAL LETTER

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

| SUBJECT:NO              | ORTHWEST FLORIDA VAULT & MONUMENT INC.          |  |                         |  |
|-------------------------|---|--|-------------------------|--|
|                         | (PROPOSED CORPORA                               | TE NAME – <u>MUST INCL</u>                         | UDE SUSTIX)             |  |
| Enclosed are an orig    | inal and one (1) copy of the arti               | icles of incorporation and                         | a check for:            |  |
| □ \$70.00<br>Filing Fee | - ·   | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status |  |
| FROM:                   |   | nd/or Shelly Nichols<br>(Printed or typed)         |                         |  |
| -                       | 17147 NW CR 287 Address                         |  |                         |  |
|                         | Clarksville, Florida 32430<br>City, State & Zip |  |                         |  |
| -                       |   | -643-7945 850-643-6178                             |                         |  |

NOTE: Please provide the original and one copy of the articles.



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2005

JARED AND/OR SHELLY NICHOLS 17147 NW CR 287 CLARKSVILLE, FL 32430

SUBJECT: NORTHWEST FLORIDA VAULT & MONUMENT INC.

Ref. Number: W05000026538

We have received your document for NORTHWEST FLORIDA VAULT & MONUMENT INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

| Filings Fees:                | \$35.00 |
|------------------------------|---------|
| Registered Agent Designation | \$35.00 |
| Certified Copy               | \$8.75  |
| Certificate of Status        | \$8.75  |

The document must state the number of shares of authorized stock.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Filings Section

Letter Number: 005A00038029

D' : : . . . Commentier - D.O. DOV 6997 Mellebasses Florida 99914

# 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:

Northwest Florida Vault & Monument Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17147 NW CR 287 Clarksville, Florida 32430

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For a Professional Corporation

#### ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

Shelly Nichols 51% Jared Nichols 49%

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President-Shelly Nichols 17147 NW CR 287 Clarksville, Florida 32430

Vice President-Jared Nichols 17147 NW CR 287 Clarksville, Florida 32430

# ARTICLE VI REGISTERED AGENT

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

Shelly Nichols 17147 NW CR 287 Clarksville, Florida 32430

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jared Nichols 17147 NW CR 287 Clarksville, Florida 32430

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

S. W. S. P. S. P.

Signature/Registered Agent

Date

Signature/Incorporator

5/22/05

Date