

P05000104610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

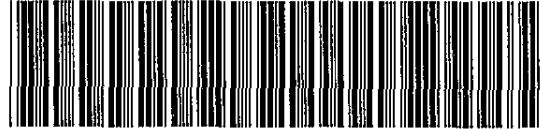
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUL 27 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JUL 27 PM 4: 10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C.F. 7-27

TRANSMITTAL LETTER

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

SUBJECT: ~~NU~~ NU Level ASSOCIATES 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:

ROBERT S. RHINEHART

Name (Printed or typed)

PO BOX 13089

Address

TALLAHASSEE, FL 32317

City, State & Zip

850 878-3134

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:

NoLevel Associates, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*PO BOX 13074
TALLAHASSEE, FL 32317*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*ROBERT S RHINEHART - PRES
RODRAV S RHINEHART - V. PRES
RODRAV S RHINEHART SEC.*

ARTICLE VI REGISTERED AGENT

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

*ROBERT S. RHINEHART
644 CAPITAL CIRCLE
TALLAHASSEE, FL 32301*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*ROBERT S RHINEHART
644 Capital Cir. N.E.
Tall. FL. 32301*

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

Robert S Rhinehart

Signature/Registered Agent

Robert S Rhinehart

Signature/Incorporator

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/27/05

Date

7/27/05

Date