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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

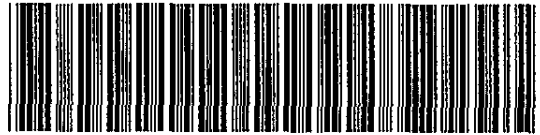
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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Nancy L. Wilson, 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: Nancy L. Wilson, Inc.

Name (Printed or typed)

4000 Ponce de Leon Blvd, Suite # 470

Address

Coral Gables, Fl 33146

City, State & Zip

305-447-0146

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:

THE NAME OF THE CORPORATION SHALL BE NANCY L. WILSON, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS SHALL BE  
4000 PONCE DE LEON BLVD., SUITE 470  
CORAL GABLES, FL 33146

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO PROVIDE RELOCATAION AND SHOPPING SERVICES AND ANY OTHER BUSINESS THAT IS LEGAL IN THE STATE OF FLORIDA

### ARTICLE IV SHARES

The number of shares of stock is:

THE INITAL NUMBER OF SHARES OF STOCK IS 1000 SHARES COMMON STOCK

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THE INITIAL OFFICER AND DIRECTOR IS  
NANCY L. WILSON  
604 VALENCIA AVENUE  
CORAL GABLES, FL 33134  
PRESIDENT AND DIRECTOR

### ARTICLE VI REGISTERED AGENT

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

THE REGISTERED AGENT IS  
NANCY L. WILSON  
4000 PONCE DE LEON BLVD, SUITE 470  
CORAL GABLES, FL 33146

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THE NAME AND ADDRESS OF THE INCORPORATOR IS NANCY L. WILSON,  
604 VALENCIA AVENUE, CORAL GABLES, FL 33134

\*\*\*\*\*

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

Nancy L. Wilson  
Signature/Registered Agent

7 February 2006  
Date

Nancy L. Wilson  
Signature/Incorporator

7 February 2006  
Date

FILED  
05 FEB -9 PM 3:32  
TALLAHASSEE, FLORIDA