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Special Instructions to	Filing Officer:			
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Office Use Only

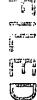


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SECRETARY OF STAT ALLAHASSEE, FLORI

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## **COVER LETTER**

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

SUBJECT:	NIC	L, INC.		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l 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	
		ADDITIONAL CO	Status DPY REQUIRED	
FROM:	Crou of Mame	Onnic (Printed or typed)		
271 NW Toscane Trail				
ı	Port Sity,	State & Zip	ie, FL 34986	
	964-658	3 - 563 \		

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) FILED NAME The name of the corporation shall be: 06 JUL 18 AM 8: 34 NICI, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 271 NW TOSCAVE Trail Port Sount Lucie, Fr 34986 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Personal Business ARTICLE IV The number of shares of stock is: 100 <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u> List name(s), address(es) and specific title(s): Craig Bennici 271 NW Toscane Trail Part Saint Lucie, Fr 34986 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Craig Benniel Port sount Lucie, Fe 34986 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Craig Benniel ati NW Toscare Trail Port Saint Lucie, Fr 34986

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

Signature/Registered Agent

Signature/Incorporator