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2007 FEB 22 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C-8.2-20

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

SUBJECT: Llewelyn S. Nonnenmocher, P.A.  
(Proposed corporate name - must include suffix)

Enclosed is an **original and one (1) copy** of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**Additional Copy Required**

From: Llewelyn S. Nonnenmocher  
Name (printed or typed)

620 Bardstown St.

Address

Cantonment, FL 32533

City, State & Zip

(850) 291-1477

Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2007

LIEWELYN S. NONNENMOCHER  
620 BARDSTOWN ST.  
CANTONMENT, FL 32533

SUBJECT: LIEWELYN S. NONNENMOCHER, P.A.  
Ref. Number: W07000006972

We have received your document for LIEWELYN S. NONNENMOCHER, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 107A00010048

**ARTICLES OF INCORPORATION**

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2007 FEB 22 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

Llewelyn S. Nonnenmocher, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

620 Bardstown St.  
Cantonment, FL 32533

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The total number of shares authorized is 1000 (one thousand). The class shall be common. The par value per share shall be \$1.00.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Llewelyn S. Nonnenmocher  
620 Bardstown St.  
Cantonment, FL 32533

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Llewelyn S. Nonnenmocher  
620 Bardstown St.  
Cantonment, FL 32533

**ARTICLE VI OFFICERS/DIRECTORS**

The officers of the corporation shall be as follows:

Llewelyn S. Nonnenmocher - President  
620 Bardstown St.  
Cantonment, FL 32533

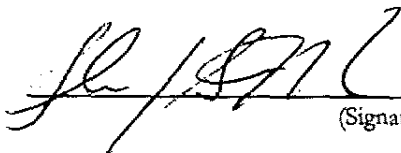
**ARTICLE VII PURPOSE**

The purpose of the company is:

Real Estate Sales.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

30th day of January, 2007.

  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF  
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

1. The name of the corporation is: Llewelyn S. Nonnenmocher, P.A.

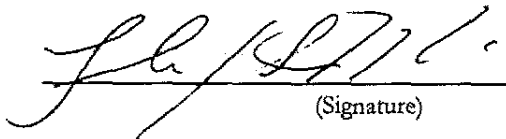
2. The name and address of the registered agent and office is:

Llewelyn S. Nonnenmocher  
(Name)

620 Bardstown St.  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

Cantonment, FL 32533  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

2/16/07  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA