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SECRETARY OF STATE

#### **COVER LETTER**

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

SUBJECT: N. R	., Inc.		VINCOVIEDIA)
	(PROPOSED CORPORA	I E NAME – <u>MUST INCL</u>	<u>ode suffix</u> )
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
S70.00 Filing Fee	₹\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: N	lathan R Murrell		
	Name	(Printed or typed)	
	PO Box 856	Address	
	Winter Haven FL 33882	State & Zip	
	Daytime T	elephone number	

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



February 12, 2007

NATHAN R MURRELL PO BOX 856 WINTER HAVEN, FL 33882

SUBJECT: N.R., INC.

Ref. Number: W07000007192

We have received your document for N.R., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6928.

Letter Number: 907A00010442

Tim Burch
Document Specialist
New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314





February 26, 2007

NATHAN R MURRELL PO BOX 856 WINTER HAVEN, FL 33882

SUBJECT: N.R., INC. OF POLK COUNTY

Ref. Number: W07000007192

We have received your document for N.R., INC. OF POLK COUNTY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 307A00013909



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF

N.R., Inc. of Polk County

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

#### Article I Identification

The name of the corporation, hereinafter referred to as the "Corporation," is N.R., Inc. of Polk County.

#### Article II Principal Office

The principal place of business is 2645 Trinity Circle NW, Winter Haven FL 33881. The mailing address of the principal office is PO Box 856, Winter Haven FL 33882.

#### Article III Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

#### Article IV Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

## Article V Initial Officers and/or Directors

The name and post office address of the initial Officer(s) and initial Director(s) the Corporation is as follows:

President:

Nathan R Murrell

PO Box 856

Winter Haven FL 33882

Director:

Tracy L Murrell

PO Box 856

Winter Haven FL 33882

#### Article VI Registered Office and Registered Agent

The address of the initial registered office of the Corporation is 2645 Trinity Circle NW, Winter Haven FL 33881 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Nathan R Murrell, 2645 Trinity Circle NW, Winter Haven Fl 33881.

## Article VI

Incorporator's Address The name and post office address of the Incorporator(s) of the Corporation is Nathan R Murrell, PO Box 856, Winter Haven FL 33882. The effective date of this Article of Incorporation shall be , 2007. IN WITNESS WHEREOF, the undersigned Incorporator(s) has caused this Article of Incorporation to be executed as of , 2007. Incorporator ACCEPTANCE BY REGISTERED AGENT Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this article, I am familiar with and accept the appointment as registered agent and agree to act in this capacity. Signature/Registered Agent STATE OF FLORIDA COUNTY OF POLK The forgoing Articles of Incorporation were acknowledged before me, this \_\_\_\_\_ day of , 2007. NOTARY PUBLIC State of Florida

My Commission Expires: