

P07000831566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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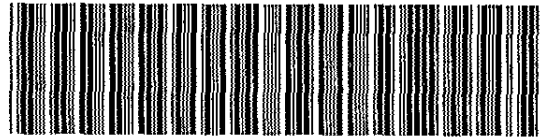
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAR -9 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12007 MAR 12 2007

COVER LETTER

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

SUBJECT: THE DO NOTHING CORPORATION
(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: ANTHONY CHINIARA
Name (Printed or typed)

1360 S. OCEAN BLVD. APT # 905
Address

POMPANO BEACH, FL. 33062
City, State & Zip

(954) 815-6392
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 DO NOTHING CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1360 S. OCEAN BLVD (APT 905)
POMPANO BEACH, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL, WHOLESALE, SALES, (T. SHIRTS AND SOUVENIRS)

ARTICLE IV SHARES

The number of shares of stock is:

(ONE HUNDRED)
5 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTHONY CHINIARA (PRESIDENT)

MICHAEL SAAD (VICE PRESIDENT)

ARTICLE VI REGISTERED AGENT

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

1360 S. OCEAN BLVD (APT 905) ANTHONY CHINIARA
POMPANO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

1360 S. OCEAN BLVD (APT 905) ANTHONY CHINIARA
POMPANO BEACH, FL 33062

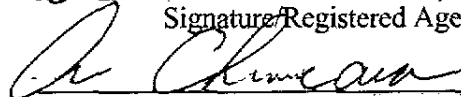
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/9/2007

Date



Signature/Incorporator

3/9/2007

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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