

P070000416550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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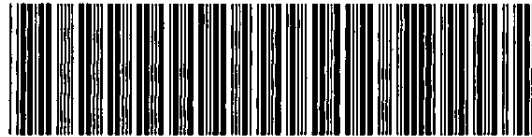
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Noll Incorporated
(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: Chad Noll
Name (Printed or typed)

7403 Us Hwy 19
Address

New Port Richey, FL, 34652
City, State & Zip

(727) 277-3888
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:

Noll Incorporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7403 US Hwy 19
New Port Richey, FL, 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

75,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Chad Noll - title is Pres. 7403 US HWY 19, New Port Richey,
FL, 34652

Lona Noll - title is Vice Pres. 7403 US HWY 19, New Port Richey
FL, 34652

ARTICLE VI REGISTERED AGENT

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

Chad Noll
7403 US HWY 19
New Port Richey, FL, 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chad Noll
7403 US HWY 19
New Port Richey, FL, 34652

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

Chad Noll

Signature/Registered Agent

Chad Noll

Signature/Incorporator

3/6/07

Date

3/6/07

Date

FILED
07 APR 16 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA