

PO8 0000 82473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

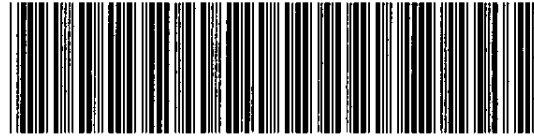
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 SEP -8 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 8 2008

## COVER LETTER

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

**SUBJECT:** Nixed Inc.

**(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:** \_\_\_\_\_  
Corbitt Arledge Nixon  
Name (Printed or typed)

\_\_\_\_\_ 5005 Woodlawn Cir West  
Address

\_\_\_\_\_ Palmetto, FL 34221  
City, State & Zip

\_\_\_\_\_ (941) 545-3746  
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nixed Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5005 Woodlawn Circle West  
Palmetto, FL 34221

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The management of virtual service professionals , including the purchase of equipment and services required for operation and any related business activity not forbidden by law or these Articles of Incorporation.

**ARTICLE IV SHARES**

The number of shares of stock is:

the corporation is authorized to have 20,000 shares of common stock.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Corbitt Arledge Nixon  
Director  
5005 Woodlawn Circle West  
Palmetto, FL 34221

**ARTICLE VI REGISTERED AGENT**

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

Corbitt Arledge Nixon  
5005 Woodlawn Circle West  
Palmetto, FL 34221

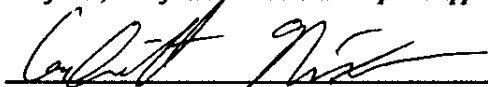
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Corbitt Arledge Nixon  
5005 Woodlawn Circle West  
Palmetto, FL 34221

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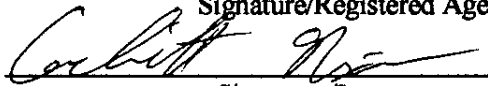
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

8/22/2008

Date



Signature/Incorporator

8/22/2008

Date