

P10000010404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

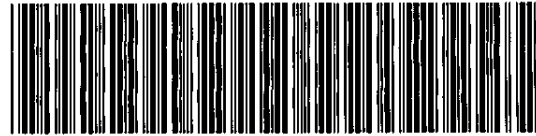
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/04/10--01003--002 **87.50

RECEIVED
10 FEB -4 AM 8:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 FEB -4 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 2/4/10

COVER LETTER

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

SUBJECT: NNSA CORP

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: NICOLA SALEEM ABDO

Name (Printed or typed)

5518 RIVER FOREST DR

Address

JACKSONVILLE, FL 32211

City, State & Zip

904-654-0813

Daytime Telephone number

NN8788@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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:

NNSA CORP.

ARTICLE II PRINCIPAL OFFICE

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

5518 RIVER FOREST DR.
JACKSONVILLE, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Saleem N Abdo D/P
4618 Baywood Dr.
Lynn Haven, Fl.32444

Nicola Abdo D/VP
5518 River Forest dr
jacksonville, fl 32211

ARTICLE VI REGISTERED AGENT

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

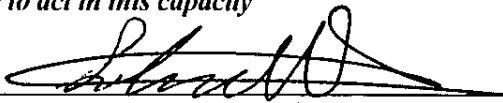
Saleem N Abdo
4618 Baywood Dr.
Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

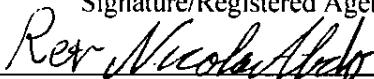
The name and address of the Incorporator is:

Nicola Abdo
5518 River Forest Dr.
Jacksonville, FL 32211

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



Signature/Incorporator

02/01/2010

Date

02/01/2010

Date

FILED
10 FEB -4 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA