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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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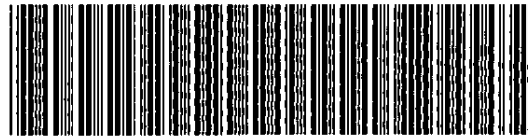
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/10--01040--004 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP - 7 AM 11:10

WI-40804

bm 9/8/10

COVER LETTER

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

SUBJECT: Nelson Unlimited Services 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: WOLF H. NELSON
Name (Printed or typed)

PO BOX 56023
Address

LAKE WORTH, FL 33460
City, State & Zip

561-641-8355
Daytime Telephone number

WOLFmoon7902@gmail.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED

10 SEP -7 PM 2:26

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 30, 2010

WOLF NELSON
PO BOX 5623
LAKE WORTH, FL 33466

SUBJECT: NELSON UNLIMITED SERVICES INC.
Ref. Number: W10000040804

We have received your document for NELSON UNLIMITED SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 110A00020693

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:

Nelson Unlimited Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

4086 LUZON AVENUE
LAKE WORTH, FL 33461

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:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WOLF K. Nelson - owner
CEO / President
Secretary
Treasurer

ARTICLE VI REGISTERED AGENT

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

Vamuley Cazeau of DPS, Inc.
4086 LUZON AVENUE
LAKE WORTH, FL 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vamuley CAZEAU
4086 LUZON AVE.
LAKE WORTH, FL 33461

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

Date

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP - 7 AM 11:10