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. (Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

I'MS E O YAM BROKKELL

COVER LETTER

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

SUBJECT: Nell Ventures, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation ar	nd a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL C	OPY REQUIRED	
FROM: John F. Porcari Name	(Printed or typed)		
12727 Guernsey St.		As a	
A	Address	ECR	
Jacksonville, FL 32226 City,	State & Zip	SECRETARY O	
904-751-1055 Daytime To	clephone number	AM IN: 03	LED
porcarijohn3@gmail.com E-mail address: (to be used	for future annual report		

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)

ARTICLÉ I NAME

The name of the cor	•		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing a	address, if different is:
12	2727 Guernsey St.	ivianing c	address, if different is.
Ja	cksonville. FL 32226		
 <u>ARTICLE III </u>	PURPOSE		
The purpose for wh	ich the corporation is organized is: of the corporation is to conduct	t any lawful nurnose or nur	nases
,,,,,, p,p,		any lawral purpose or pur	p0000.
ARTICLE IV The number of share			
	INITIAL OFFICERS AND/OR DIR		
Name and Tit	le: John F. Porcari - President	Name and Title:	
Address:	12727 Guernsey St.		
	Jacksonville, FL 32226		
Name and Tit	le:	Name and Title:	
Address:			
Name and Tit	le:		
Address:		Address:	
		<u>-</u>	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT accep		Aိုလ္ 😝
Name; Address:	John F. Porcari		LA III
Address:	12727 Guernsey St. Jacksonville, FL 32226		
ARTICLE VII	INCORPORATOR		SSE
	ress of the Incorporator is:		
Name:	John F. Porcari		
Address:	12727 Guernsey St.		ORALE OR
	Jacksonville, FL 32226		3
Having been named	l as registered agent to accept service of	f process for the above stated corp	oration at the place designated i
this certificate, I am	familiar with and accept the appointmen	nt as registered agent and agree to c	act in this capacity
10.	of Dogge		(1-29-11
1000	Required Signature/Registered Ag	ent	Date
I submit this docum	nent and affirm that the facts stated he	rein are true. I am aware that the	false information submitted in
	partment of State constitutes a third degr		
חע	Required Signature/Incorporate		4-29-11
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The state of		4-29-11