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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: NONNO, INCORPORATED (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: NESTOR AZNAR Name	(Printed or typed)			
4905 SW 90 TERRACE	ddress SF			
COOPER CITY, FL 33328 City, S	0			
954-651-0848 Daytime Te	State & Zip Plephone number			
AZNARN@HOTMAIL.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 The name of the corp		porsted		
49	PRINCIPAL OFFICE Principal street address 05 SW 90 TERRACE	Mailing a	Mailing address, if different is:	
ARTICLE III P	OOPER CITY, FL 33328 OURPOSE ich the corporation is organized is: A LAWFUL BUSINESS FOR PRO		USINESS.	
ARTICLE IV S		.nc		
	eNESTOR AZNAR - CEO 4905 NW 90 TERRACE COOPER CITY, FL 33328	Name and Title: Address:		
Name and Titl Address:	e:	Address:		
Name and Title Address:	e:	Address:		
ARTICLE VI R	REGISTERED AGENT		Property Const.	
The name and Flori	da street address (P.O. Box NOT acceptable)	of the registered agent is:	C rate Bill	
Name:	NESTOR AZNAR - CEO	_		
Address:	4905 NW 90 TERRACE			
	COOPER CITY, FL. 33328		***	
	**************************************	_	0	
ARTICLE VII I	NCORPORATOR		Carrier Carrie	
	ess of the Incorporator is:		A I	
Name:	NESTOR AZNAR			
Address:			The state of the s	
radios.	4905 NW 90 TERRACE COOPER CITY, FL 33328		0)7	
this certificate, I am	as registered agent to accept service of proce familiar with and accept the appointment as re	egistered agent and agree to a	ct in this capacity	
)_ A L	12.8		9/1/(1	
	Required Signature/Registered Agent		Date	
I submit this docum document to the Dep	ent and affirm that the facts stated herein a artment of State constitutes a third degree felo	re true. I am aware that the	false information submitted in a	
2. 1 A.	27.		7/1/11	
	Required Signature/Incorporator	-	Date	