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(Doc	cument Number)	,
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only

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or alacelin

COVER LETTER

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

SUBJECT: NOWHERE INC	·	
(PROPOSED CORPO	RATE NAME – <u>MUST INCLUDE SUFFIX</u>)	
영화 전		
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:	=
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: JOYCE M. HIGHAM	ame (Printed or typed)	-
8970 SW 27TH AVE	Address	
OCALA,FL,34476	ity, State & Zip	201 201
401-741-2577	e Telephone number	SEP 23
ROGLB@AOL.COM	used for future annual report notification)	RY OF STATE

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



RECEIVED

11 SEP 23 AM 10: 19

FLORIDA DEPARTMENT OF STATE CORPORATIONS

September 1, 2011

JOYCE M. HIGHAM 8970 SW 27TH AVENUE OCALA, FL 34476

SUBJECT: NOWHERE INC Ref. Number: W11000045419

We have received your document for NOWHERE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 011A00020438

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

ARTICLE II	RTICLE II PRINCIPAL OFFICE						
0	Principal street address		Maili	ng address, if dif	ferent is:		
	970 SW 27TH AVE CALA FL 34476						
	CALA, FL, 34470						
	PURPOSE				201	-	
	hich the corporation is organized is: SE ALLOWED BY FLORIDA LAW				S	33 <u>6</u>	
	SE ALLOWED DI I LOINIDA LINV				SĘĘP	- 19	
					23	55. 55.	
					- 6		
					PA (걸부터	
RTICLE IV	SHARES				-		
he number of shar	es of stock is: 50,000				ယ္	, i	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS					
Name and Ti	tle:WOODSON E HIGHAM V P	Name					
Address:	9300 SW 32ND TERRACE	Addre	ess:				
	OCALA,FL,34476	_					
							
Name and Ti	tle: JOYCE M HIGHAM PRÉS	_					
Address:		Addre	ess:				
	OCALA,FL,34476		-				
				····			
	tle:						
Address:		Addre	ess:				
					·····		
	REGISTERED AGENT	- C4b:					
ne <u>name and Flor</u> Name:	rida street address (P.O. Box NOT acceptable) of JOYCE M HIGHAM	or me regi	stered agent is:				
Address:	9300 SW 32ND TERRACE						
	OCALA,FL,34476						
RTICLE VII	INCORPORATOR						
	ress of the Incorporator is:						
Name:	JOYCE M HIGHAM	_					
Address:	9300 SW 32ND TERRACE						
	OCALA,FL,34476						
laving been name	ed as registered agent to accept service of proce	ess for the	above stated o	corporation at th	e place desig	nated	
is certificate, I an	n familiar with and accept the appointment as re	egistered a	gent and agree	to act in this cap	pacity		
$\overline{}$	100 11 11			. 0	20 1	ı	
APTILLOS	Required Signarure/Registered Agent				<u>-58-1</u>	<u> </u>	
~/V~Y~~	Required Signardre/Registered Agent				Date		
submit this docu	nent and affirm that the facts stated herein a	re true. I	am aware that	the false inforn	nation submi	tted in	
	ment and affirm that the facts stated herein a partment of State constitutes a third degree felo				nation submi	tted in	
				17.155, F.S.	ration submi - J8–11		