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12 JAN-6 PH 1: 07 SECRETARY OF STATE ALL AHASSEF, FLORIO

MRD 1/9/12

COVER LETTER

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

SUBJECT: NW BELLANCA AND ASSOCIATES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of
The same of the sa	ADDITIONAL COPY REQUIRED
FROM: NICHOLAS W. BELLANC	A
	(Printed or typed)
510 MADISON AVE	
Α	ddress
ORLANDO, FL. 32805-1 City, S	332 State & Zip
813-479-3308 Daytime Te	lephone number
hfouronb@aol.com E-mail address: (to be used	for future annual report notification)

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

TARE FARER OF THE

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

FILED

ARTICLE I	NW BELLANCA A	ND ASSOCIATES, INC. 12 JAN - 6 DM ,
The name of the	corporation shall be:	· 9 FM 1.
ARTICLE II	PRINCIPAL OFFICE	SECRETARY OF STA TALL AHASSEE. FLOOR Mailing address, if different SSEE. FLOOR
<u> </u>	Principal street address	Mailing address, if different is EE, FI
	510 MADISON AVE.	
	ORLANDO, FL. 32805-1332	
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
ACCOUNT	ING/BOOKKEEPING AND TAX P	REPARATION AND CONSULTING
ARTICLE IV		
he number of si	hares of stock is 5000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS
Name and	Title: NICHOLAS W. BELLANCA	Name and Title: NICHOLAS W. BELLANCA
Address:	PRESIDENT	Address: DIRECTOR
	510 MADISON AVE	510 MADISON AVE.
	ORLANDO, FL 32805-1332	
	, , , , , , , , , , , , , , , , , , ,	·
		Name and Title:
Address:		
		
		Name and Title:
Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	NICHOLAS W. BELLANCA	able) of the registered agent is:
Address:	510 MADISON AVE	
Addiess.	ORLANDO, FL. 32805-1332	
	1751 AINDO, EC. 32803-1332	
RTICLE VII	<u>INCORPORATOR</u>	
he <u>name and a</u>	ddress of the Incorporator is:	
Name:	NICHOLAS W. BELLANCA	<u></u>
Address:	510 MADISON AVE	
	ORLANDO, FL. 32805-1332	<u></u>
Iavino heen na	med as registered agent to accent service of	process for the above stated corporation at the place designated in
his certificate. I	am familiar with and accept the appointmen	t as regisfered agant and agree to act in this capacity
10 001 11 101 101		
M	. L.L. 111. K.	1/3/2012
- June	Paguined Signature/Designand Age	
	Required Signature/Registered Age	int Date
submit this do	cument and affirm that the facts stated here	ein are try <mark>e. I</mark> am aware that the false information submitted in
ocument to the	Department of State constitutes a third degre	e felony as frovided for in s.817.155, F.S.
Mu	11/1/1/ ///	1/3/2012