

P12000020040

(Requestor's Name)

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(City/State/Zip/Phone #)

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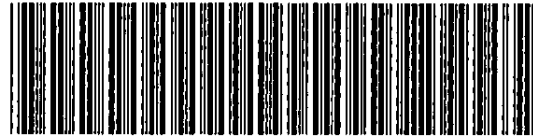
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 28 AM 11:20

PS 2/29/12

## COVER LETTER

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

SUBJECT: J.H. NYGAARD AND ASSOCIATES, 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: James H. Nygaard  
Name (Printed or typed)

14321 SE 95<sup>th</sup> Ct.  
Address

Summerfield, FL 34491  
City, State & Zip

352-288-5772  
~~1-850-232-2645~~  
Daytime Telephone number

OldBadGator @ comcast.net  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **J.H. NYGAARD AND ASSOCIATES, INC.** 12 FEB 28 AM 11:20

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**14321 SE 95<sup>th</sup> Ct.**  
**Summerfield, FL 34491**

Mailing address, if different is:

**(same)**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **to engage in all lawful business activity, as permitted by the State of Florida.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **James H. Nygaard, President** Name and Title: \_\_\_\_\_  
Address: **14321 SE 95<sup>th</sup> Ct.** Address: \_\_\_\_\_  
**Summerfield, FL 34491**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **Lisa N. Wysong, Esq.**  
Address: **2005 Pan Am Cir, #110**  
**Tampa, FL 33607**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **James H. Nygaard**  
Address: **14321 SE 95<sup>th</sup> Ct.**  
**Summerfield, FL 34491**

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

**Lisa N. Wysong, Esq.**  
Required Signature/Registered Agent

**2/21/12**  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**James H. Nygaard**  
Required Signature/Incorporator

**2/27/12**  
Date