

PI 20000452210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

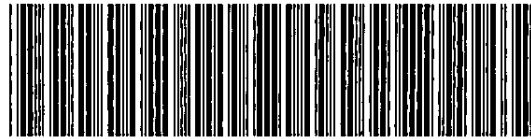
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700234975907

05/14/12--01034--003 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 14 PM 2:21

5/15/12

**COVER LETTER**

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

**SUBJECT: NONNON'S STORE ITEMS 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: ANON DELIUS**

Name (Printed or typed)

**3483 NW 19 ST**

Address

**LAUDERDALE LAKES FL 33311**

City, State & Zip

**786-258-0503**

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 14 PM 2:21

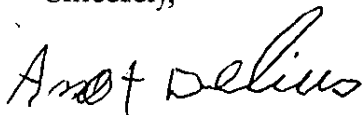
May 8, 2012

Dear Sir/Madam:

My name is Anot Delius with present address at 3483 NW 19 St Lauderdale Lakes FL 33311 owner of Nonno's Store Items Inc with P10000065786. The reason of writing is to inform that this Corporation has been dissolved and I have no intention to reinstated. I like to ask you permit to open a new Corporation using the same name.

Please if you need to contact me call me at : 786-258-0503.

Sincerely,



Anot Delius

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 14 PM 2:21

CHARTER

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

**ARTICLE I NAME** . NONNON'S STORE ITEMS INC  
The name of the corporation shall be:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3483 NW 19 ST  
LAUDERDALE LAKES FL 33311

Mailing address, if different is: **12 MAY 14 PM 2: 21**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is **500 SHARES @ 1.00 PAR VALUE**

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

Name and Title: <u>ANOT DELIUS /PRESIDENT</u>	Name and Title: _____
Address: <u>3483 NW 19 ST</u>	Address: _____
<u>LAUDERDALE LAKES FL 33311</u>	_____

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: ANOT DELIUS  
Address: 3483 NW 19 ST  
LAUDERDALE LAKES FL 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANOT DELIUS  
Address: 3483 NW 19 ST  
LAUDERDALE LAKES FL 33311

*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*

<u><i>Anot Delius</i></u>	<u>05/08/2012</u>
Required Signature/Registered Agent	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.*

<u><i>Anot Delius</i></u>	<u>05/08/2012</u>
Required Signature/Incorporator	Date