

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091

: (770)220-1943 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*:

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION NOURRY HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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11/9/2012

## **COVER LETTER**

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

SUBJECT: Nourry Holdings, 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Karen Rodriguez

Name (Printed or typed)

1720 Windward Parkway, S. 390

Address

Alpharetta, GA 30005

City, State & Zip

770-777-2091

Daytime Telephone number

mracicot@racicottax.com

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

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

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FILED

ln ç	ARTICLES OF INCOmpliance with Chapter 607 and/	RPORATION or Chapter 621, F.S. (1	Profit) 12	NOV -9	PH 12: 01
ARTICLE I NAME The name of the corporation shall be				GRETARY O LAHASSEE,	FSILO
ARTICLE II PRINCIPAL ( Principal s 1200 McGill College Montreal, Quobec H	treet address , Suite 1910	Maili	ng address, if		
ARTICLE III PURPOSE The purpose for which the corpora holding company	tion is organized is:				
ARTICLE IV SHARES The number of shares of stock is: 1					
Address: 1200 McG	icers AND/OR DIRECTORS icot, Pres., Sec., Treasurer il College, Suite 1910 Quebec H3B 4G7	Name and Title,			
Name and Title:Address:		Name and Title: Address:	<del>-,</del>		
Name and Title:Address:					
Address: 515 East P	esy (P.O. Box NOT acceptable) of es, Inc. ark Avenue				
ARTICLE VII INCORPORATION Of the Incorporation of t	porator is:				
Having been numed as registered this certificate, I am familiar with NRAI Services, Inc.	agent to accept service of process and accept the appointment as region d Signature/Registered Agent	for the above stated a stered agent and agree	corporation u e to act in this	at the place design capacity  11-9-12  Date	gnuted in
1 submit this document and affer document to the Department of Sta	n that the facts stated herein are the constitutes a third degree felony	true, I am aware that as provided for in s.8	17.155, F.S.	formation subm	
Requ	red Signature/Incorporator			Date	····

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