

P12000100326

(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:

Sim Bohn ^{NAME}
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 12/10/12
DOC. EXAM MRD

Office Use Only



800242401888

12/07/12--01017--027 **87.50

FILED
12 DEC -7 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
12/10/12

1117-61040

COVER LETTER

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

SUBJECT: NuCo Mgt., 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: Jim Bohn

Name (Printed or typed)

500 Haverhill Rd. N. #B

Address

West Palm Beach, FL 33415

City, State & Zip

561-644-3741

Daytime Telephone number

nucomgt@gmail.com

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)

ARTICLE I NAME

The name of the corporation shall be: NuCo Mgt., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 Haverhill Rd. N.
#B
West Palm Beach, FL 33415

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A Management Company.

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jim Bohn, Director
Address: 500 Haverhill Rd. N.
#B
West Palm Beach, FL 33415

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jim Bohn
Address: 500 Haverhill Rd. N. #B
West Palm Beach, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jim Bohn
Address: 500 Haverhill Rd. N. #B
West Palm Beach, FL 33415

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

Jim Bohn

Required Signature/Registered Agent

12/5/12

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.

Jim Bohn

Required Signature/Incorporator

12/5/12

Date

FILED
12 DEC -7 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA