## P13000016354

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to Fili	ing Officer:	
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3ECNETARY OF STATE
TALLAHASSEE, FLORID,

~ 00/19/13

## **COVER LETTER**

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

SUBJECT:	homas Nolt, I	nc.	·		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an origi	inal and one (1) copy of the arti	icles of incorporation and	d 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:	Thomas James	S No I+ (Printed or typed)			
123 Bluebird Road Address					
Tavernier Fl. 33070					
	<i>3</i> 05 - 852 - 0 Daytime T	784 or 30 elephone number	5-393-8689		
•	Tho Hkeys@ E-mail address: (to be use				

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 The name of the co	name proporation shall be: Thomas	Nolt, Inc.	
ARTICLE II	PRINCIPAL OFFICE  Principal street address  Bluebird Road  Mier, Fl. 33070	, Mailing addre	ess, if different is:
ARTICLE III The purpose for w	PURPOSE hich the corporation is organized is:	Property maint	ence
ARTICLE IV	SHARES		13 FEB 18 PH SECRETARY OF FALLAHASSEE.
ARTICLE V	res of stock is: 1000  INITIAL OFFICERS AND/OR DIRE		STATE STATE SLORIDA
Address			
Name and Address	Title:		
Name and Address	Title:		

Name and	Title:	Name and Title:			
Address		Address:			
ARTICLE VI	REGISTERED AGENT				
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	_		
Name:	Thomas Nort		ACC TO		
Address:	123 Bluebird Road				
	Tavernier, Fl 33070	Ó	SSEE 8		
	· ·				
ARTICLE VII	INCORPORATOR		2: 2 1   STAT		
The <u>name and add</u>	ress of the Incorporator is:		A A A A A A A A A A A A A A A A A A A		
Name:	Thomas Nolt				
Address:	123 Bluebird Ro	d			
	Tavernier, Fl. 330	70			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in					
	n familiar with and accept the appointment as regi				
11	Moth		0 11/ 13		
- JOVA	Required Signature/Registered Agent		2-14-13		
0 1			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.					
aucument ty the Di	eparimeni of Siaie consumies a inira degree Jetony	vus proviueu jor in 5.017.133, F.S			
Mm//	WEF		2//4//3		
77	Required Signature/Incorporator	•	/ /Date		