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13 MAY 14 PM 4:06
SECURITY
FALL RIVER, MA

2013 MAY 16 10:00

COVER LETTER

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

SUBJECT: VILLA NIRVANA, 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: LINDA TRICE

Name (Printed or typed)

THE STUDIO, 72 WEST STREET

Address

MARLOW BUCKS S17 2BP UNITED KINGDOM

City, State & Zip

941-661-8400

Daytime Telephone number

LINTRICE@BTINTERNET.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: VILLA NIRVANA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

THE STUDIO

72 WEST STREET

MARLOW BUCKS, S17 2BP UNITED KINGDOM

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE RESIDENTIAL RENTALS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINDA TRICE, PRESIDENT

Name and Title: _____

Address

THE STUDIO

Address: _____

72 WEST STREET

MARLOW BUCKS, S17 2BP UNITED KINGDOM

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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:

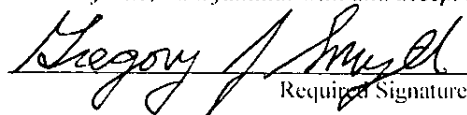
Name: GREGORY J SMYTH
Address: 13289 FOWLER AVE
PORT CHARLOTTE, FL 33981

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LINDA TRICE
Address: THE STUDIO, 72 WEST STREET
MARLOW BUCKS, S17 2BP UNITED KINGDOM

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


Required Signature/Registered Agent

5-10-13
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.


Required Signature/Incorporator

5-10-13
Date

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TALLAHASSEE, FL
STATE OF FLORIDA