

P/B covered

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

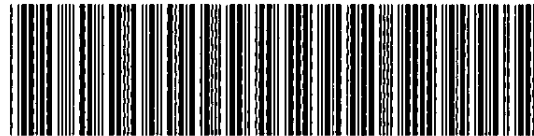
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL 22 PM 1:39

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Ps 7/23/13

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

N AND L ASSOCIATES INC.

Signature _____

Requested by: BA

07/22

PM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____



Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

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ARTICLES OF INCORPORATION
OF

N AND L ASSOCIATES INC

THE UNDERSIGNED SUBSCRIBER (S) TO THESE ARTICLES OF
OF INCORPORATION, NATURAL PERSON (S) COMPETENT TO CONTRACT,
HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE
OF FLORIDA.

ARTICLE 1- CORPORATE NAME

THE NAME OF THE CORPORATION IS: **N and L ASSOCIATES INC.**
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS:
1710 S STATE ROAD 7 #101
NORTH LAUDERDALE, FL 33068

ARTICLE 11 – DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING
TO FLORIDA LAW.

ARTICLE III – PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES
AND THE STATE OF FLORIDA.

ARTICLE IV – CAPITAL STOCK

THE CORPORATION IS AUTHORIZED TO ISSUE (five hundred) SHARES (500) OF
(one dollar (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE
DESIGNATED "COMMON STOCK"

ARTICLE V – INITIAL REGISTERED AGENT AND MAILING ADDRESS.

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

NAME: NICOLE WILLIAMS

**PRINCIPLE AND MAILING ADDRESS:
1710 S STATE ROAD 7, #101
NORTH LAUDERDALE, FLORIDA, 33068**

ARTICLE VI – INITIAL BOARD OF DIRECTORS

**THIS CORPORATION SHALL HAVE TWO (2)
DIRECTORS INITIALLY, THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS
THAN ONE (1)**

CORPORATION DIRECTOR (2)

**NAME: NICOLE WILLIAMS
PRINCIPLE AND MAILING ADDRESS: 1710 S STATE RD 7 #101
CITY AND STATE AND ZIP CODE: NORTH LAUDERDALE, FLORIDA 33068**

**NAME: LINZELL WILLIAMS
PRINCIPLE AND MAILING ADDRESS: 1710 S STATE RD 7 #101
CITY AND STATE AND ZIP CODE: NORTH LAUDERDALE, FL, FLORIDA 33026**

**PRINCIPLE AND MAILING ADDRESS:
CITY AND STATE AND ZIP CODE:**

ARTICLE VII – INCORPORATORS

**THE NAME AND ADDRESSES OF THE PERSONS (S) SIGING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:**

**NAME: NICOLE WILLIAMS
PRINCIPLE AND MAILING ADDRESS: 1710 S STATE RD 7 #101
CITY, STATE AND ZIP CODE: NORTH LAUDERDALE, FLORIDA 33068**

**NAME: LINZELL WILLIAMS
PRINCIPLE AND MAILING ADDRESS: 1710 S STATE RD 7 #101
CITY, STATE AND ZIP CODE: NORTH LAUDERDALE, FLORIDA 33068**

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CERTIFICATE AND ACKNOWLEDGEMENT OR REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF *N*and L ASSOCIATES INC
(NAME OF CORPORATION)

**PURSUANT TO FLORIDA STATUTE SECTIOCYNS 48.091 AND 607.304, THE
FOLLOWING SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE
ARTICLES OF INCORPORATION:**

**ADDRESS: 1710 S STATE RD 7. #101
NORTH LAUDERDALE, FLORIDA 33068**

HAS NAMED: NICOLE WILLIAMS

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITORTHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED INTHIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE
PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES
AS A REGISISTERED AGENT.**



Nicole (Registered Agent)

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ICOLE

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED
THESE ARTICLES OF INCORPORATION THIS 25 June 2013


NICOLE WILLIAMS

(SIGN)


LINZELL WILLIAMS

(SIGN)

(SIGN)

ZELL

(SIGN)

STATE OF FLORIDA

SS

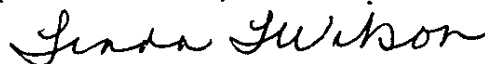
COUNTY OF: BROWARD

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN
THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED NICOLE
AND LINZELL WILLIAMS.

KNOWN TO ME AND KNOWN TO BE THE PERSON (S) WHO EXECUTED THE
FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE
ME THAT (HE) OR (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS 26 DAY OF May 2013

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)



LINDA L. WILSON
MY COMMISSION EXPIRES
COMMISSION NUMBER #

