

P13000088620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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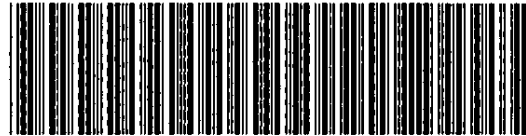
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT 28 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **NOL Holdings Company**

(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: **NOL Holding Company**

Name (Printed or typed)

10016 Colonnade Drive

Address

Tampa, Florida 33647

City, State & Zip

954-740-0640

Daytime Telephone number

Shaun629@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: NOL Holding Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10016 Colonnade Drive

Tampa, FL. 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding company for investments.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kurt B. Lewis, VP

Address: 10016 Colonnade Drive

Tampa, FL. 33647

Name and Title: Shaun H. Lewis, President

Address: 10016 Colonnade Drive

Tampa, Florida

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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: Kurt B. Lewis
Address: 10016 Colonnade
Tampa, FL. 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David L Troup
Address: 5038 35 Avenue North
St. Petersburg, FL. 33710

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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

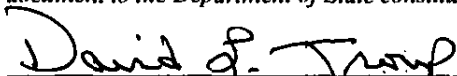


Required Signature/Registered Agent

10/01/2013

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

10/01/2013

Date