

P/3000091919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

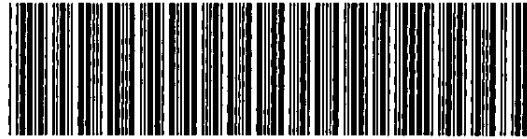
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED CORP "SUFFIX" +
CORRECTED "TITLES" OF
OFFICERS PER TELEPHONE
CONVERSATION WITH
PATTE NUVOLE.

κ 11/12/13

Office Use Only



100253563521

11/08/13--01014--025 **50.00

11/08/13--01014--026 **20.00

FILED
13 NOV -8 PM 3:24
SECURITARY OF STATE
TALLAHASSEE, FLORIDA

κ 11/12/13

COVER LETTER

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

SUBJECT: NUVOLI AND RILEY INC. LLC
(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: PAHI NUVOLI
Name (Printed or typed)

8902 LOT F. FOWLER AVE
Address

PENSACOLA FL 32534
City, State & Zip

(850) 375-1772
Daytime Telephone number

LACEY NUVOLI @ 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:

NUVOLI AND RILEY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8902 LOT A FOWLER AVE.
PENSACOLA FL. 32534

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HOME
REPAIR AND REMODEL TO INCLUDE DRYWALL
PAINT / FINISH / RESTORATION TO RESIDENTIAL
HOMES INCLUDING LAWN MAINT. AND
PRESSURE WASHING.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PAH: NUVOLI

Name and Title:

Address

8902 LOT A FOWLER AVE
PENSACOLA FL. 32534

Address:

P

Name and Title:

TIMMOTHY RILEY

Name and Title:

Address

8902 LOT A FOWLER AVE
PENSACOLA FL. 32534
VP/T

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
13 NOV -8 PM 3:24
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:

PAUL NUOLI

Address:

8902 LOT A. FOWLER AVE
PENSACOLA FL. 32534

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

TIMOTHY RILEY

Address:

8902 LOT A FOWLER AVE
PENSACOLA FL. 32534

FILED
13 NOV - 8 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Paul Nuoli

Required Signature/Registered Agent

11-6-2013

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.

Timothy Riley

Required Signature Incorporator

11-6-2013

Date