

P13000092951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

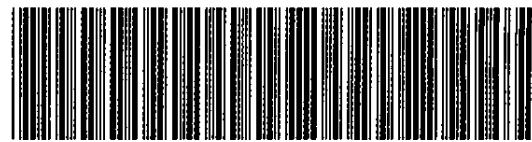
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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11/15/13
JF

COVER LETTER

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

SUBJECT: ARNOLD'S LOUNGE, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: **NICOLETTE NIJMAN**
Name (Printed or typed)

316 PALMS CIR

Address

ST. AUGUSTINE, FL 32086

City, State & Zip

904-377-4453

Daytime Telephone number

TANK5922@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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) **SECRETARY OF STATE**
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

ARNOLD'S LOUNGE, INC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE

PRINCIPAL OFFICES

Mailing address, if different is:

3912 N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

316 PALMS CIR
ST. AUGUSTINE, FL 32086

ARTICLE III PURPOSE

RESTAURANT AND LOUNGE

RESTAURANT AND LOUNGE

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

NICOLETTE NIJMAN, PRESIDENT

FREDRICK J. NIJMAN, VP

Address 316 PALMS CIR

Address: 316 PALMS CIR

ST AUGUSTINE FL 32086

ST AUGUSTINE FL 32086

Name and Title: _____

Address: _____ **Address:** _____

Name and Title: _____ Name and Title: _____

Address: _____

(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:

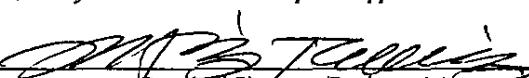
Name: NICOLETTE NIJMAN
Address: 316 PALMS CIR
ST AUGUSTINE, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUN TANKERSLEY
Address: 2465 US HWY 1 SOUTH
ST AUGUSTINE, FL 32086

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

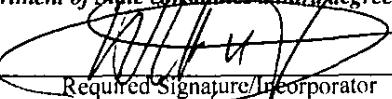


Required Signature/Registered Agent

11/12/13

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

11/12/13

Date

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